

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully; The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 4A

04805

## CERTIFICATE OF DEATH

131

Reg. Dist. No.

1. PLACE OF DEATH:  
County... Frederick

City or town... Frederick Rural-R. F. D. #5  
(If outside city or town limits, write RURAL and give nearest town)  
5 Years

How long in above place of death?...  
Hospital, institution, or street address where death occurred:  
Near Braddock Heights

How long in hospital or institution?

3. (a) FULL NAME  
MARY MALINDA ALTMAN

4. Sex F Color or race W M  
5. (a) Single, married, widowed, or divorced  
M

6. (b) Name of husband or wife George P. Altman

7. Birth date of deceased (mo., day, yr.) December 1, 1869

8. AGE: Years Months Days If less than one day  
76 5 9 hrs. min.

9. Birthplace Nr. Utica-Frederick-Maryland  
(Town, county, and state)  
At Home

10. Usual occupation.

11. Industry or business Andrew J. Wachter

MOTHER FATHER 12. Name... Andrew J. Wachter  
13. Birthplace... Frederick County Maryland

MOTHER 14. Maiden name... Cornelia Ann Coblenz  
15. Birthplace... Frederick County Maryland

16. Informant Mr. George P. Altman  
Address R. F. D. #5, Frederick, Md.

17. Burial Date thereof... 5/13/46  
(Burial, exhumation, or removal, which)  
(month) (day) (year)  
Cemetery or crematory... Utica Lutheran Cemetery

Location Near Lewistown, Maryland

18. Funeral director... M. R. Etchison and Son  
Address Frederick, Maryland

19. M. D. 1946  
(Date rec'd by registrar) Elizabeth G. Heck  
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State... Maryland County... Frederick  
City or town... Frederick Rural-R. F. D. #5  
(If outside city or town limits, write RURAL and give nearest town)  
Street No... Near Braddock Heights  
(If rural, give LOCATION)  
None

2.(a) If veteran, name war... None

3. (b) Social Security Number  
None

## MEDICAL CERTIFICATION

2D. DATE OF DEATH May 10th, 1946 at 6:25A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 3d 1946 to May 10 1946  
and that I last saw deceased alive on 19

Immediate cause of death

Pregnancy Thrombosis  
Due to Arthur Etchison Jan 8 yrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

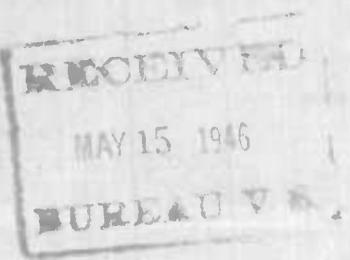
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE F. H. Heck M. D.

M. D. or other

Address... Frederick, Maryland Date signed 5-11-46





RECEIVED

MAY 18 1946

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Physicians: please write the causes of death clearly and legibly. It is especially important.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93D

## CERTIFICATE OF DEATH

04807 134  
Reg. Dist. No. 139

## 1. PLACE OF DEATH:

County

Frederick

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 50 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Julia Christina Baker

## 3. (b) Social Security Number

no

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female White Widowed

6. (b) Name of husband or wife

James E. Baker

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age years

Feb. 14 - 1868

8. AGE:

Years

Months

Days

If less than one day

78

3

1

hrs. min.

9. Birthplace

(Town, county, and state)

Fairfield Adams Co Pa

10. Usual occupation

Housewife Retired

11. Industry or business

FATHER

Joseph J. Tupper

12. Name

Thurmont Md

13. Birthplace

MOTHER

Julia Grise

14. Maiden name

15. Birthplace

Fairfield Pa

16. Informant

Maurice Tupper

Address

Emmitsburg Md

17. Burial

Date thereof May 20-1946

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

St. Joseph Cemetery

Location

Emmitsburg Md

18. Funeral director

M. &amp; L. Tupper Son

Address

Thurmont Md

19. Date rec'd by registrar

May 19 1946

(Date rec'd by registrar)

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md. Frederick

County

City or town Rural Emmitsburg

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

no

2.(a) If veteran, name war

no

## MEDICAL CERTIFICATION

2D. DATE OF DEATH

May 16 1946 at 10<sup>50</sup> M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1940 19... to May 16 1946

and that I last saw her alive on May 15 1946

Immediate cause of death

arteriosclerotic cardiovascular disease several years

Due to

Due to

Other conditions arricular fibrillation - 3 years

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

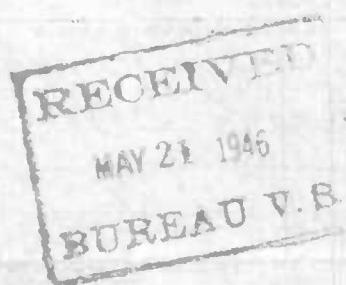
Injured at work?

23. SIGNATURE

M. D. or other

Address: Emmitsburg Md Date signed: May 28 1946

RECEIVED IN THE LIBRARY OF THE STATE DEPARTMENT  
MAY 21 1946



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13

## CERTIFICATE OF DEATH

04808

Reg. Dist. No. 139

## 1. PLACE OF DEATH:

County..... Frederick  
City or town..... State Sanatorium, Maryland  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... Since 5/3/46

Hospital, institution, or street address where death occurred:

Maryland Tuberculosis Sanatorium

How long in hospital or institution?..... Since 5/3/46

## 3. (a) FULL NAME

Joan Baranowski

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife.....

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.)

August 6, 1926

8. AGE: Years	Months	Days	If less than one day
19	9	19	hrs. min.

9. Birthplace..... Brooklyn, New York

(Town, county, and state)

10. Usual occupation..... Inspector

## 11. Industry or business

12. Name..... Frank Baranowski

13. Birthplace..... Baltimore, Maryland

14. Maiden name..... Hazel Duryea

15. Birthplace..... Brooklyn, New York

16. Informant..... Deceased

## Address

17. Burial..... Date thereof..... 5/29/46  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... St. Stanislaus

Location..... Baltimore, Maryland

18. Funeral director..... M. L. Creager &amp; Son

Address..... Thurmont, Maryland

19. 5726946 19.....

(Date rec'd by registrar)

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County.....

City or town..... Baltimore  
(If outside city or town limits, write RURAL and give nearest town)

Street No..... 1748 Bank St.

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

212-22-7535

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... May 25 19 46 at 11:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 3 19 46 to May 25 19 46

and that I last saw her alive on May 25 19 46

Immediate cause of death.....

Pulmonary Tuberculosis

DURATION

4 Mos.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

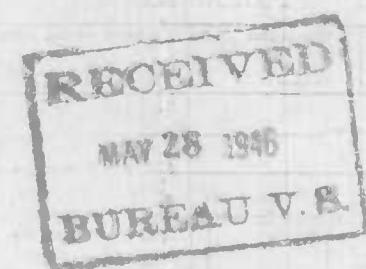
Means of injury.....

Injured at work?

23. SIGNATURE.....

M. D. Arthrex  
Address..... State Sanatorium, Md. Date signed 5/27/46

NOTICE



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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13 (A)

## CERTIFICATE OF DEATH

04809 131  
Reg. Dist. No. ....

1. PLACE OF DEATH:  
Frederick

County.....  
City or town..... Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 7 Weeks

Hospital, institution, or street address where death occurred:  
124 East Fourth Street

How long in hospital or institution?

## 3. (a) FULL NAME

SAMUEL FREDERICK BARNES

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M	W	S

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) August 11, 1874

6. (c) If alive, give age..... years

8. AGE:	Years	Months	Days	If less than one day
	71	9	9	hrs. min.

9. Birthplace..... Nr. Jefferson-Frederick-Maryland  
(Town, county, and state)

10. Usual occupation..... Farmer

11. Industry or business.....

12. Name..... Samuel T. Barnes

13. Birthplace..... Frederick County Maryland

14. Maiden name..... Ella V. Kehler

15. Birthplace..... Frederick County Maryland

16. Informant..... Harry T. Barnes

Address..... R.F.D.#1, Frederick, Maryland

17. Burial..... Date thereof..... 5/22/46

(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or location..... Mount Olivet Cemetery

Location..... Frederick, Maryland

18. Funeral director..... M. R. Etchison and Son

Address..... Frederick, Maryland

19. 20 May 1946

(Date rec'd by registrar) Elizabeth H. Heck

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State..... Maryland County..... Frederick

City or town..... Jefferson-Rural R. F. D. #1  
(If outside city or town limits, write RURAL and give nearest town)Street No..... Near Jefferson  
(If rural, give LOCATION)

2.(a) If veteran, name war..... None

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

2D. DATE OF DEATH..... May 20th, 1946, at 3:30A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 19, 1946, to 20 May 1946

and that I last saw him alive on 19 May 1946

Immediate cause of death.....

Renal + Cardiac failure

Due to..... arterio-sclerotic cardio-vascular  
renal disease

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Autopsy results..... Date of op.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury..... Injured at work?

23. SIGNATURE..... Charles A. Conley, M. D.  
O.M. or other

Address..... Frederick, Maryland Date signed..... 5-29-46

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MAY 22 1946

BUREAU T S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-2

## CERTIFICATE OF DEATH

04810 131  
Reg. Dist. No. 131

1. PLACE OF DEATH:  
County Frederick  
City or town Tuscarora

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 Years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

CATHARINE VIRGINIA BARRETT

4. Sex <u>F</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>M</u>
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6. (b) Name of husband or wife W. H. Barrett7. Birth date of deceased (mo., day, yr.) August 4, 1871 6. (c) If alive, give age 76 years

8. AGE: Years <u>74</u>	Months <u>9</u>	Days <u>0</u>	If less than one day hrs. .... min. ....
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9. Birthplace Point of Rocks-Frederick-Maryland  
(Town, county, and state)10. Usual occupation At Home

11. Industry or business

12. Name Frank Oden13. Birthplace Montgomery County Maryland14. Maiden name Martha Jane Molden15. Birthplace Montgomery County Maryland16. Informant Mr. W. H. BarrettAddress Tuscarora, Maryland17. Burial Date thereof 5/6/46  
(Burial, cremation, or removal, which) St. Pauls Cemetery (month) (day) (year)Cemetery or crematory Point of Rocks, MarylandLocation M. R. Etchison and Son18. Funeral director Frederick, Maryland

Address

19. (Date rec'd by registrar) May 1946 Elizabeth G. Heck

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Tuscarora  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)2. (a) If veteran, name war None

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

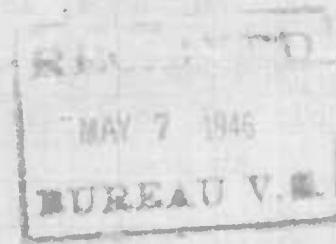
20. DATE OF DEATH May 4th, 1946 at 7:40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 1, 1946, to May 4, 1946  
and that I last saw her alive on May 3, 1946Immediate cause of death Central Thrombosis DURATION 4 daysDue to Acute Sclerosis  
+ SenilityDue to Chronic Cholecystitis DURATION 6 mosOther conditions Include pregnancy within 3 months of deathMajor findings or operations — Date of op. —Autopsy results —  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —Where did injury occur? — (City or town) — (County) — (State)Injured at home, farm, industry, public place (where?) —Means of injury — Injured at work? —23. SIGNATURE D. P. Luce M. D. or other —Address Jefferson Date signed 5/1/46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 87-2

04811

## CERTIFICATE OF DEATH

Reg. Dist. No. 138

1. PLACE OF DEATH:  
County Frederick  
City or town Ijamsville  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?  
Hospital, institution, or street address where death occurred:  
Riggs Cottage Sanitarium

How long in hospital or institution? 6 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State La. Orleans  
County Orleans  
City or town New Orleans  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 2212 Napolean Avenue  
(If rural, give LOCATION)  
None

## 3. (a) FULL NAME

MADELEINE BAYON

## 3. (b) Social Security Number

4. Sex F	5. Color or race W	6.(a) Single, married, widowed, or divorced S
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6.(b) Name of husband or wife.....

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) April 19, 1900

8. AGE: Years 46	Months 0	Days 13	If less than one day hrs. . . . .	min. . . . .
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9. Birthplace New Orleans, La.  
(Town, county, and state)

10. Usual occupation Teacher

11. Industry or business Regil

12. Name Henry Bayon

13. Birthplace New Orleans, La.

14. Maiden name Jeanne Maspero

15. Birthplace New Orleans, La.

16. Informant Dr. Henry Bayon

Address New Orleans, La.

17. Removal Date thereof 5/3/46  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Location New Orleans, La.

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. Date rec'd by registrar 3 May 1946

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1946 at 6:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 25 1946 to May 2 1946

and that I last saw her alive on May 2 1946

Immediate cause of death

Organic Brain Disease  
Respiratory Paralysis

Due to

Due to

Other conditions Schizophrenia

Bipolar disorder

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy reports

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

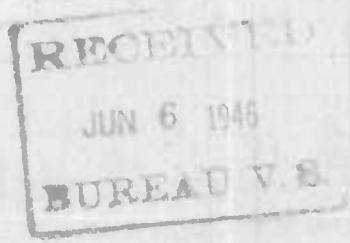
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Helen H. McAdams

M. D. or other

Address Ijamsville Md Date signed May 3 1946



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 933

## CERTIFICATE OF DEATH

04812

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County..... Frederick

City or town..... Frederick-Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, institution, or street address where death occurred:

Montevue

How long in hospital or institution? Since November 24, 1925

## 3. (a) FULL NAME

MARY C. CARSON

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

S

6. (b) Name of husband or wife.....

6. (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.)

February 14, 1867

8. AGE:

Years

Months

Days

If less than one day

79

3

13

hrs.

min.

9. Birthplace..... Maryland

(Town, county, and state)

None

10. Usual occupation.....

## 11. Industry or business

12. Name..... George W. Carson

13. Birthplace..... Maryland

14. Maiden name..... Elizabeth Fritz

15. Birthplace..... Maryland

16. Informant..... Montevue Records

Address..... Frederick, Md. - Rural

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof..... 5/28/46

(month) (day) (year)

Cemetery or embalmer..... Montevue Cemetery

Location..... Frederick, Maryland - Rural

18. Funeral director..... M. R. Etchison and Son

Address..... Frederick, Maryland

19. 28 May 1946.....

(Date rec'd by registrar)

Elizabeth G. Hecks.

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland

Frederick

County..... Woodsboro

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

None

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

2D. DATE OF DEATH..... May 27th, 1946, at 1:30P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Jan. 1, 1946, to May 27, 1946,

and that I last saw her alive on May 27, 1946.

Immediate cause of death.....

Hypertension - sclerotic Carditis  
Vascular disease

DURATION

5 year

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? ..... (City or town) ..... (County) ..... (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury.....

Injured at work?

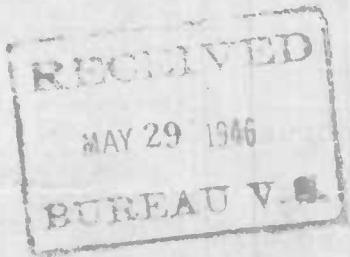
23. SIGNATURE.....

Bernard Hems Jr. M. D.

M. D. or other

Address..... Frederick, Maryland

Date signed 5-28-46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 61

## CERTIFICATE OF DEATH

04813 131  
Reg. Diat. No. ....

1. PLACE OF DEATH:  
County Frederick  
City Adamstown-Rural  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 15 yearsHospital, Institution, or street address where death occurred:  
Near Buckeystown

How long in hospital or institution?

## 3. (a) FULL NAME

LONA CUMMINGS CECIL

4. Sex <u>F</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>W</u>
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6. (b) Name of husband or Charles C. Cecil7. Birth date of deceased (mo., day, yr.) August 27, 1867

8. AGE: Years <u>78</u>	Months <u>8</u>	Days <u>29</u>	If less than one day hrs. ..... min. ....
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9. Birthplace Lewistown-Frederick-Maryland

(Town, county, and state)

10. Usual occupation At Home

## 11. Industry or business

MOTHER FATHER	12. Name <u>Henry A. C. Weller</u>
	13. Birthplace <u>Frederick County Maryland</u>

MOTHER	14. Maiden name <u>Rebecca Powell</u>
	15. Birthplace <u>Frederick County Maryland</u>

16. Informant Mrs. Edward E. KriseAddress Adamstown, Maryland - Rural17. Burial Date thereof 5/28/46

(Burial, exhumation, or removal, when?) (month) (day) (year)

Cemetery or cemetery Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 27-May 1946 Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County FrederickCity Adamstown-Rural  
(If outside city or town limits, write RURAL and give nearest town)Street No. Near Buckeystown(If rural, give LOCATION)  
None

2.(a) If veteran, name war.....

3. (b) Social Security Number  
None

## MEDICAL CERTIFICATION

20. DATE OF DEATH May 26th, 1946 at 12:40A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 1945 to May 26 1946 and that I last saw her alive on May 26 1946Immediate cause of death Ovaric  
Cardio - Renal Disease  
Diabetes Mellitus

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of Injury .....

Injured at work? .....

23. SIGNATURE.....

Howard W. Leib, M. D.

M. D. or other

Address Frederick, Maryland Date signed 5-27-46

RECEIVED

MAY 29 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-20

04814

## CERTIFICATE OF DEATH

Reg. Dist. No. 138

1. PLACE OF DEATH: Frederick  
County Kenntown

City or town (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Ella Louise Clay

3. (b) Social Security Number

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced widowed

6. (b) Name of husband or wife Harry Clay

7. Birth date of deceased (mo., day, yr.) April 15, 1866 8. (c) If alive, give age years

8. AGE: Years 80 Months 27 Days hrs. If less than one day min.

9. Birthplace Frederick (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER 12. Name Lewis Rinehart

13. Birthplace Frederick Co.

14. Maiden name Annie Penn

15. Birthplace Frederick Co.

16. Informant Mr. Rhodeis Morley

Address Monrovia Md.

17. Date thereof May 15, 1946 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Kenntown

Location Kenntown Frederick Co.

18. Funeral director J. M. Snyder

Address Mt. Airy

19. Date rec'd by registrar 5-14-1946 Raymond E. Kelly Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Montg.

City or town R.D. Monrovia (If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 1946 at 1:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 10, 1945, to May 17, 1946, and that I last saw her alive on May 10, 1946.

Immediate cause of death Bronchopneumonia

DURATION

10 days

Due to Arteriosclerotic cardiovascular disease

10 years

Due to Fraility

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

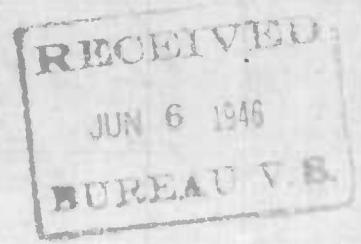
Injured at work?

23. SIGNATURE

James P. Kerr M.D.

M. D. or other

Date signed 5/13/46



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

## CERTIFICATE OF DEATH

★ 04815/31  
Reg. Dist. No.

## 1. PLACE OF DEATH:

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 9 Days

Hospital, institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution? 9 Days

## 3. (a) FULL NAME

Oliver Z. Coblenz

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male white widowed

8. (b) Name of husband or wife

Bartholomew Coblenz

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

Sept. 25, 1860

8. AGE:

Years

Months

Days

If less than one day

85

7

5

hrs.

min.

B. Birthplace Middletown Frederick Co., Md.

(Town, county, and state)

10. Usual occupation Retired Farmer

11. Industry or business

12. Name Philip Coblenz

13. Birthplace Middletown, Md.

14. Maiden name Mary Ann Kettner

15. Birthplace Middletown, Md.

16. Informant Garland Guyton

Address Burkittsville, Md.

17. Burial

(Burial, cremation, or removal, which?)

Date thereof 5-23-1946

(month) (day) (year)

Cemetery or crematory Reform Cemetery

Location Middletown, Md.

18. Funeral director Blawill Co.

Address Middletown, Md.

19. 22 May 1946

19. 46

Elizabeth H. Hecke

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md.

County Frederick

City or town Middletown

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

no

## MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1946 5:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 10 1946 to May 20 1946

and that I last saw him alive on May 19 1946

Immediate cause of death

Coronary Occlusion

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

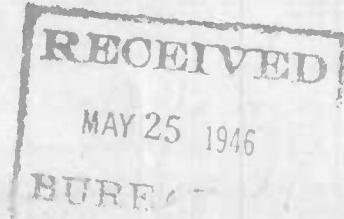
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

J. E. Harp, M.D. or other

Address Middletown Date signed 5-21-46



## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

4816

## 1. PLACE OF DEATH

County

Frederick

159

Registration Dist. No. 141

Village or City

Brunswick

St.

Ward

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

No Name Still Born

(a) Residence: No. Hills Boro, Va.

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Male

White

Single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

## 6. DATE OF BIRTH (month, day, and year)

7. AGE

Years

Months

Days

If LESS than  
1 day, hrs.  
or min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.

None

Date of onset

9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.

None

May 8-46

10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

Brunswick, Md.

MOTHER

FATHER

13. NAME Ralph Haven Burmingha

14. BIRTHPLACE (city or town)  
(State or country)

Hills Boro,

Va.

15. MAIDEN NAME Gladys Bean

16. BIRTHPLACE (city or town)  
(State or country)

West Virginia

17. INFIRMITY  
(Address)

Ruth B. Burmingha

18. BURIAL, CREMATION, OR REMOVAL

Place: Hills Boro, Va. Date: May 9, 1946

19. UNDERTAKER

(Address)

J. L. Gableles

Bolivar, W. Va.

20. FILED

May 9, 1946

Eugenia H. Burke  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

May  
(Month)9  
(Day)1946  
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

, 19

, 19

I last saw h. alive on

to have occurred on the date stated above, at 5:20 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Gastritis

Peritonitis 6 years

Other Contributory Causes of Importance:

Gastritis 3 years  
Last op April 16.

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Data of injury , 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Melvin L. Schaeffer, M.D.  
(Address) Brunswick, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	MAY 11 1927 1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04817

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

15 Years

How long in above place of death?

Hospital, Institution, or street address where death occurred:

707 East South Street

How long in hospital or institution?

## 3. (a) FULL NAME

ODESSA NAOMI DAVIS

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

M

6. (b) Name of husband or -

J. Francis Davis

7. Birth date of deceased (mo., day, yr.)

September 21, 1909

6. (c) If alive, give age 39 years

8. AGE:

Years

Months

Days

If less than one day

37

7

15

hrs.

min.

9. Birthplace Woodstock, Virginia

(Town, county, and state)

At Home

10. Usual occupation

## 11. Industry or business

Robert Bowers

12. Name

Woodstock, Virginia

13. Birthplace

Minnie Shaffer

14. Maiden name

Woodstock, Virginia

15. Birthplace

J. Francis Davis

16. Informant

Address 707 E. South St., Frederick, Md.

## 17. Burial

(Burial, cremation, or removal)

Date thereof 5/9/46

(month) (day) (year)

Mount Olivet Cemetery

Cemetery or Cemetery

Frederick, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19. S May 1946

(Date rec'd by registrar)

Elizabeth J. Heck

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

Frederick

City or town

Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No.

707 East South Street

(If rural, give LOCATION)

None

2.(a) If veteran, name war

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH May 6th, 1946 at 4:15P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb. 1 1946 to May 5 1946

and that I last saw her alive on May 5 1946

Immediate cause of death

Pulmonary Tuberculosis far advanced

DURATION

3 years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

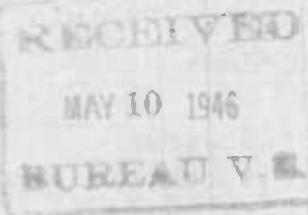
Injured at work?

23. SIGNATURE

Bernard Khan M. D.

M. D. or other

Address Frederick, Maryland Date signed 5-7-46



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 8-131

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

04818

1. PLACE OF DEATH: Frederick  
 County..... Frederick  
 City or town..... Frederick

(If outside city or town limits, write RURAL and give nearest town)  
 2 days

How long in above place of death?  
 Hospital, Institution, or street address where death occurred: Frederick City Hospital  
 2 days

How long in hospital or institution?

3. (a) FULL NAME Davis, Mr. Oliver

4. Sex Male	5. Color or race White	6. (a) Single, married, widowed, or divorced Married
-------------	------------------------	--

6. (b) Name of husband or wife Luella Conaway Davis

6. (c) If alive, give age 71 years  
 7. Birth date of deceased (mo., day, yr.) Sept. 10, 1868

8. AGE: Years 77	Months 8	Days 13	If less than one day hrs. . . . . min.
------------------	----------	---------	--

Carroll Co. Maryland

9. Birthplace (Town, county, and state) Farmer (retired)

10. Usual occupation

11. Industry or business Nimrod G. Davis

12. Name Maryland

13. Birthplace Maryland

14. Maiden name Amelia Dorsey

15. Birthplace Maryland

16. Informant Mrs. Luella C. Davis

Address Mt. Airy, Maryland

17. Burial Date thereof 5-26-46

(Burial, cremation, or removal. Which?) Pine Grove

Cemetery or crematory Mt. Airy, Carroll Co. Md.

Location C. M. Waltz

18. Funeral director Winfield, Md.

Address

19. Date rec'd by registrar 1946

(Date rec'd by registrar) Elizabeth G. Heck

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)

State Maryland Carroll

County Ridgeville

(If outside city or town limits, write RURAL and give nearest town)

Street No. R.D. Mt. Airy

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH 5/23 1946 at 1:30 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 21, 1946, to May 23, 1946,

and that I last saw him alive on May 23, 1946.

Immediate cause of death

Cardiac Neuritis 5 days

Due to

Due to Cardiac Neuritis

Other conditions S. drenitis (?)

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

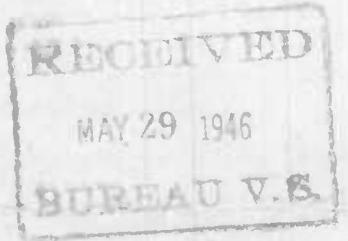
Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work

23. SIGNATURE A. A. Gear

M. D. or other

Address Frederick, Md. Date signed 5/23/46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 100-2

## CERTIFICATE OF DEATH

0481913  
Reg. Dist. No. ....

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 days

Hospital, institution, or street address where death occurred:

Frederick City HospitalHow long in hospital or institution? 6 days

## 3. (a) FULL NAME

Sandra Lee Delawder

## 3. (b) Social Security Number

none4. Sex F5. Color or race W

6. (a) Single, married, widowed, or divorced

single

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)

May 5, 1946

6. (c) If alive, give age ..... years

8. AGE:

Years

Months

Days

If less than one day

6 hrs. min.9. Birthplace Frederick, Md.

(Town, county, and state)

10. Usual occupation.....

11. Industry or business

Holmes & Standridge

MOTHER FATHER

12. Name Phyllis D. Delawder13. Birthplace Ad.14. Maiden name Phyllis D. Delawder15. Birthplace Ad.16. Informant Mrs. Dennis D. Delawder

Address

Taneytown R#1m, Md17. Burial Burial Date thereof May 13, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crannery

Beaver Dam Cemetery

Location

Union Bridge, Md.18. Funeral director C. O. Goss & Son

Address

Taneytown, Md.19. (Date rec'd by registrar) 12 May 1946Elizabeth G. Heck

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarrollCity or town Taneytown R#1 m

(If outside city or town limits, write RURAL and give nearest town)

Street No. ....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## MEDICAL CERTIFICATION

2D. DATE OF DEATH May 11

19..... at ..... 5:00 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 5, 1946, to May 11, 1946 X Cand that I last saw her alive on May 11, 1946 1946

Immediate cause of death

Convulsions + shockto some extentDue to Gastric & Small IntestinalInflammationDue to IntestinalIntestinalIntestinalOther conditions

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

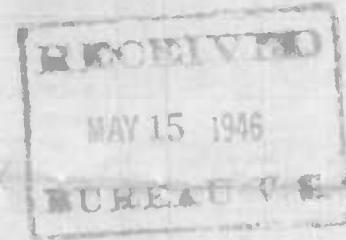
Means of injury

Injured at work?

23. SIGNATURE J. H. Mussel M.D.

M. D. or other

Address Johnsville, Md. Date signed May 12



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13

## CERTIFICATE OF DEATH

04820  
Reg. Dist. No. 140

## 1. PLACE OF DEATH:

County

Frederick

City or town

Woodstock

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 50 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Jennie Devilbiss

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

F. 21. 2 widow

6.(b) Name of husband or wife

George Devilbiss

7. Birth date of deceased (mo., day, yr.)

Oct. 10, 1848

6.(c) If alive, give age years

8. AGE:

Years Months Days It less than one day

97 6 25 hrs. min.

9. Birthplace

Johnsville, Fred. Co., Md.

(Town, county, and state)

10. Usual occupation

House wife

11. Industry or business

Own Home

12. Name

Peter Engle

13. Birthplace

Md.

14. Maiden name

Mary Engle

15. Birthplace

Md.

16. Informant

W. J. Anders

Address

Woodstock, Md.

17. Burial

Date thereof May 8, 1948

(Burial, cremation, or removal, when?)

(month) (day) (year)

Cemetery or crematory

Mt. Olivet

Location

Frederick, Md.

18. Funeral director

Powell &amp; Hartley

Address

Woodstock, Md.

19. Date rec'd by registrar

May 8, 1948

(Date rec'd by registrar)

L. C. Powell

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Frederick

City or town Woodstock

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

May 5

1948, at 10:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 1, 1946, 19, to May 5, 1946, 19,

and that I last saw her alive on May 5, 1946, 19.

Immediate cause of death

Hypertensive Cardiac Disease

and disease

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

G. Carroll S. Foster Day

M. D. or other

Address

Woodstock, Md.

Date signed May 6, 1948

RECEIVED

MAY 16

BUREAU WASH 16 1946

BUREAU V.R.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

4621+

04821

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred

Emergency Hospital

How long in hospital or institution?

## 3. (a) FULL NAME

Ida Baseman Elliott

4. Sex

Female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

Married

8. (b) Name of husband or wife

William Biggs Elliott

7. Birth date of deceased (mo., day, yr.)

July 29, 1876

6. (c) If alive, give age years

8. AGE:

Years  
69Months  
10Days  
1

If less than one day hrs. min.

9. Birthplace

Baltimore County, Maryland

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Noth Lemon

12. Name

Noth Lemon

13. Birthplace

Unknown

14. Maiden name

Margaret Ann Unknown

15. Birthplace

Unknown

16. Informant

Virginia F. Lee

Address

Emergency Hosp. Frederick Rd.

Burial

(Burial, cremation, or removal, if any)

Date thereof June 21 1946

(month) (day) (year)

Cemetery or crematory

Baltimore Cemetery

Location

Baltimore, Md.

18. Funeral director

W. B. Falconer

Address

New Market, Md.

19. Date rec'd by registrar

May 30, 1946

(Date rec'd by registrar)

Elizabeth G. Heile

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State

County

City or town

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

None

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH

May 30, 1946 at 9 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 28, 1946 to May 30, 1946

and that I last saw her alive on May 30, 1946

Immediate cause of death

Carcinoma of stomach

DURATION

1 years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Bernard Hanna Jr. M.D.

M.D. or other

Address

Frederick, Md.

Date signed May 30, 1946

RECEIVED

JUN 1 1946

BUREAU F.B.I.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170-2

## CERTIFICATE OF DEATH

04822  
Reg. Dist. No. 131

## 1. PLACE OF DEATH

County.....

City or town.....

Frederick  
Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

4 days

Hospital, institution, or street address where death occurred:

Frederick City Hospital  
Frederick City Hospital

How long in hospital or institution?.....

4 days

## 3. (a) FULL NAME

Helen Marie Eyer

4. Sex

5. Color or race

8. (a) Single, married, widowed, or divorced

Female White Single

8. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) May 22 - 1909

8. (c) If alive, give age ..... years

8. AGE:

Years

Months

Days

If less than one day

36

11

29

hrs. .... min.

8. Birthplace.....

Frederick Co Maryland

(Town, county, and state)

10. Usual occupation.....

11. Industry or business Rubber Company, Foot Wear,

FATHER 12. Name..... George D. Eyer

13. Birthplace..... Maryland

MOTHER 14. Maiden name..... Gertrude Irene Taylor

15. Birthplace..... Maryland

16. Informant..... Mrs. George D. Eyer

Address..... Middlebury Maryland

17. Burial..... Cemetery or cemetery..... Date thereof.....

(Burial, cremation, or removal, whether in (month) (day) (year))

Rocky Hill Cemetery

Location..... New Woodsboro Maryland

18. Funeral director..... D. D. Hartley &amp; Son

Address..... Main Bridge &amp; New Windsor Rd.

19. Date rec'd by registrar.....

(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland

County..... Carroll

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

219-20-4061

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... May 21 - 1946 19..... at 8:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him dead 19..... to..... 19.....

and that I last saw him alive on..... May 21..... 19.....

Immediate cause of death.....

Fracture of skull  
and cerebral hemorrhage

DURATION..... 3 days

Due to.....

Due to..... Auto accident

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings or operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Auto accident Date of 5-18-46

Where did injury occur? Keymar, Carroll 1st (City or town) (County) (State)

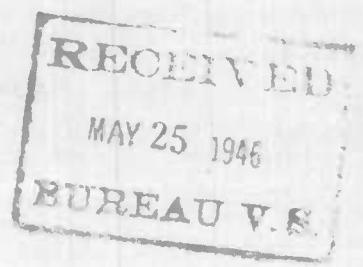
Injured at home, farm, industry, public place (where?)..... Route 82

Means of Injury..... Auto &amp; Penn Rail Train no 00

23. SIGNATURE.....

Dr. D. J. Baer MEDIC M. D. or other

Address..... Frederick, Md. Date signed: 5-23-46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46B +

## CERTIFICATE OF DEATH

04823

131

Reg. Dist. No. ....

1. PLACE OF DEATH:  
County Frederick  
City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 30 Years

Hospital, Institution, or street address where death occurred:  
809 Motter Avenue

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Frederick  
City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)

Street No. 809 Motter Avenue  
(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME  
LULIA ELLEN EYLER

3. (b) Social Security Number  
None

4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced M

B.(b) Name of husband or wife Ira J. Eyler

7. Birth date of deceased (mo., day, yr.) August 17, 1886 6.(c) If alive, give age 60 years

8. AGE: Years 59 Months 8 Days 20 If less than one day hrs. min.

9. Birthplace Nr. Thurmont-Frederick-Maryland  
(Town, county, and state)

10. Usual occupation At Home

11. Industry or business

FATHER 12. Name William Sweeney  
13. Birthplace Frederick County Maryland

MOTHER 14. Maiden name Amelia Susanna Leightner  
15. Birthplace Frederick County Maryland

16. Informant Ira J. Eyler  
Address 809 Motter Ave., Frederick, Md.

Burial Burial Date thereof 5/10/46  
(Burial, exhumation, or removal, which) (month) (day) (year)

Cemetery or cemetery Mount Olivet Cemetery  
Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son  
Address Frederick, Maryland

19. Elizabeth L. Heck Registrar  
(Date rec'd by registrar) 1946 Elizabeth L. Heck Registrar  
Date signed 5-8-46

## MEDICAL CERTIFICATION

20. DATE OF DEATH May 7th, 1946 at 3 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1, 1946 to May 7, 1946 and that I last saw her alive on May 7, 1946

Immediate cause of death Carcinoma stomach 1 year DURATION

Due to

Due to

Other conditions Hemorrhage - stomach 1 day (Include pregnancy within 3 months of death)

Major findings of operations X Date of op. X

Autopsy results X

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wm. M. Smith M. D.  
M. D. or other

Date signed 5-8-46

REC

MAY 10 1946

BUREAU

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 3

★ 04824

## CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH: **Frederick**  
 County ..... State **Sana torium, Maryland**  
 City or town ..... (If outside city or town limits, write RURAL and give nearest town)  
 Now long in above place of death? **Since 12/5/1945**  
 Hospital, institution, or street address where death occurred:  
**Maryland Tuberculosis Sana torium**  
 How long in hospital or institution? **Since 12/5/45**

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State **Mary land** County **Allegany**  
 City or town **Frostburg** (If outside city or town limits, write RURAL and give nearest town)  
 Street No. **Wright's Crossing** (If rural, give LOCATION)

3. (a) FULL NAME  
**Marian Filer**

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6.(b) Name of husband or wife.....  
 7. Birth date of deceased (mo., day, yr.) **June 12, 1882**  
 8. AGE: Years Months Days If less than one day  
**63 10 28** hrs. min.

9. Birthplace **Scotland**  
 (Town, county, and state)  
 10. Usual occupation **Practical nursing**

11. Industry or business  
 12. Name **Mathanel Dunn**  
 13. Birthplace **Ireland**

MOTHER FATHER  
 14. Maiden name **Janet Nelson**  
 15. Birthplace **Scotland**

16. Informant **Deceased**  
 Address

17. Burial **Burial** Date thereof **5/13/46**  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery **Allegany**

Location **Frostburg, Maryland**  
 18. Funeral director **M. Eichborn**

Address **Lonaconing, Maryland**

19. (Date rec'd by registrar) **May 19 1946** Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH **May 10** 1946 at **6:20 P.M.**  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
**December 5** 1945 to **May 10** 1946  
 and that I last saw her alive on **May 10** 1946

Immediate cause of death **Pulmonary Tuberculosis** DURATION **2 Yrs.**

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide..... Date of.....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE *J. D. Lynn* M. D. *K. A. Kifer*

Address **State Sanatorium, Md.** Date signed **5/11/46**

RECEIVED

MAY 13 1946

BUREAU U. S.

(I)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

★ 04825

Reg. Dist. No.

134

## 1. PLACE OF DEATH:

County.....

Frederick

City or town.....

Evansttburg Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

14

Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

## 3. (a) FULL NAME

Georgeann Farnsworth

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

B. (b) Name of husband or wife

Harvey Farnsworth

B. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

July 31<sup>st</sup> 1854

8. AGE:

Years Months Days If less than one day  
91 9 14 hrs. min.

9. Birthplace.....

Maryland

(Town, county, and state)

10. Usual occupation.....

Housewife

11. Industry or business

L

12. Name.....

Desiree Martin

13. Birthplace.....

Maryland

14. Maiden name.....

Mary (Anna) Martin

15. Birthplace.....

Maryland

16. Intertant.....

Mrs. George Davis

Address.....

Evansttburg Rural

17. Burial (Burial, cremation, or removal. Which?)

Date thereof.....

May 18 1946

(month) (day) (year)

Cemetery or crematory.....

Visited Cemetery

Location.....

Thurmont

18. Funeral director.....

W. J. Willhite

Address.....

Thurmont MD

19. Date rec'd by registrar.....

May 17 1946

M. F. Sherry

Residental

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Maryland

County.....

Frederick

City or town.....

Evansttburg

Rural

Street No.....

(If outside city or town limits, write RURAL and give nearest town)

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

No

## MEDICAL CERTIFICATION

20. DATE OF DEATH.....

May 15 1946 at 3:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1940 19 to May 15 1946

and that I last saw her alive on May 18 1946

Immediate cause of death.....

arteriosclerotic cardiac

vascular disease several years

DURATION

Due to.....

Due to.....

Other conditions.....

Cholecystitis &amp; cholelithiasis - several years

(Include pregnancy within 8 months of death)

Major findings or operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

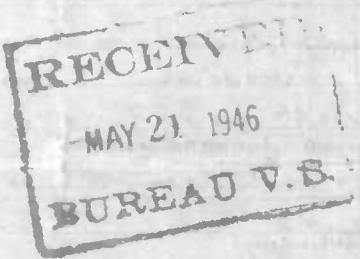
23. SIGNATURE.....

M. D. or other

Address.....

Evansttburg MD

Date signed 6-17-46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 470

04826

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick

City or town Frederick-Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency Hospital

3 Days

How long in hospital or institution?

## 3. (a) FULL NAME

WILLIAM FOLAND

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

M

W

W

6.(b) Name of husband or wife Delia M. Blair

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 14, 1868

8. AGE: Years Months Days If less than one day  
78 2 11 hrs. min.9. Birthplace Frederick-Frederick-Maryland  
(Town, county, and state)

10. Usual occupation None

## 11. Industry or business

John M. Foland

12. Name Germany

13. Birthplace Clementine Dimmick

14. Maiden name Frederick County Maryland

15. Birthplace Joseph M. Foland

16. Informant Address Frederick, Maryland

17. Burial Date thereof 5/28/46  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or cemetery Mount Olivet cemetery

Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 27-May-1946  
(Date rec'd by registrar)Elizabeth L. Heck  
Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

City or town Baltimore

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

None

2.(a) If veteran, name war...

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH May 25th, 1946 at 6 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

3 am. 1946, to May 25, 1946

and that I last saw h.e.m. alive on May 25, 1946

Immediate cause of death

Carcinoma Larynx

DURATION

1 year

Due to...

Due to...

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

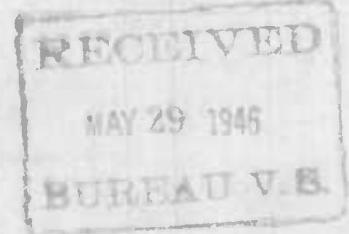
Injured at work?

23. SIGNATURE Bernard J. Thomas, M.D.

M. D. or other

Address Frederick, Maryland

Date signed 5-27-46



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1942

## CERTIFICATE OF DEATH

14827 131  
Reg. Dist. No.

## 1. PLACE OF DEATH:

County..... Frederick  
City or town..... Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.... Lifetime

Hospital, institution, or street address where death occurred:

816 North Market Street

How long in hospital or institution?

## 3. (a) FULL NAME

CARRIE ELLEN JOHNSON FOX

4. Sex..... Female | 5. Color or race..... White | 6. (a) Single, married, widowed, or divorced..... Married

6. (b) Name of husband or wife..... Charles L. H. Fox

7. Birth date of deceased (mo., day, yr.)..... January 11, 1877 | 6. (c) If alive, give age..... 70 years

8. AGE: Years..... 69 | Months..... 3 | Days..... 23 | If less than one day hrs..... min.....

9. Birthplace..... Harmony Grove, Frederick Co., Md.  
(Town, county, and state)

10. Usual occupation..... Housewife

## 11. Industry or business

FATHER: 12. Name..... George Johnson

MOTHER: 13. Birthplace..... Frederick, Maryland

14. Maiden name..... Mary Green

15. Birthplace..... Frederick County, Maryland

16. Informant..... Mr. Charles Fox

Address..... 816 N. Market St., Frederick, Md.

17. Burial..... Date thereof..... May 7, 1946  
(Burial, cremation, or removal, when?) (month) (day) (year)

Cemetery or crematory..... Mount Olivet Cemetery

Location..... Frederick, Maryland

18. Funeral director..... C. E. Cline &amp; Son

Address..... Frederick, Maryland

19. (e) May 1946  
(Date rec'd by registrar) Elizabeth G. Heck  
Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland | County..... Frederick

City or town..... Frederick | (If outside city or town limits, write RURAL and give nearest town)

Street No..... 816 North Market Street | (If rural, give LOCATION)

2.(a) If veteran, name war..... None

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... May 1, 1946, at 10:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 1, 1946, to May 4, 1946,  
and that I last saw her alive on May 3, 1946.Immediate cause of death.....  
*Coronary occlusion 5 days*

DURATION

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

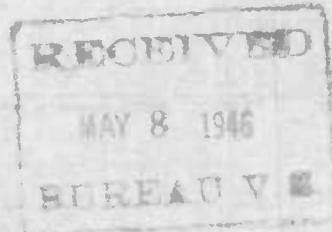
Means of injury.....

Injured at work?

23. SIGNATURE..... *H. Klein Jr. M.D.*

M. D. or other

Address..... Frederick, Md. Date signed..... May 6, 1946



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 742

## CERTIFICATE OF DEATH

6482831  
Reg. Dist. No.

1. PLACE OF DEATH: Frederick  
 County Frederick

City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 43 years

Hospital, institution, or street address where death occurred:

Frederick City Hospital  
 How long in hospital or institution? 5 days

3. (a) FULL NAME

Elmer E. Fritz

4. Sex male 5. Color or race White 6. (a) Single, married, widowed, or divorced widowed

6. (b) Name of husband or wife Margaret Railings

7. Birth date of deceased (mo., day, yr.) April 26, 1868 6. (c) If alive, give age 80 years

8. AGE: Years 78 Months 0 Days 26 If less than one day hrs. . . . . min.

9. Birthplace Libertytown, Frederick, Md  
 (Town, county, and state)

10. Usual occupation Blacksmith

11. Industry or business Foundry

MOTHER FATHER 12. Name Milton Fritz

13. Birthplace unknown

14. Maiden name Julia Zapp

15. Birthplace unknown

16. Informant Mrs. Leo Lewis

Address Frederick, Md

17. Burial Date thereof 5/18/46  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or cemetery Mt. Olivet

Location Frederick, Md

18. Funeral director Harry F. Gandy Co

Address Frederick, Md

19. (a) May 1946 Elizabeth J. Heck  
 (Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)

State Md County Frederick

City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 1023 N. Market St  
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number 220-05-6710

## MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1946 at 8:45 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 11 1946 to May 16 1946

and that I last saw him alive on May 16 1946

Immediate cause of death Coronary Hemorrhage DURATION 5 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

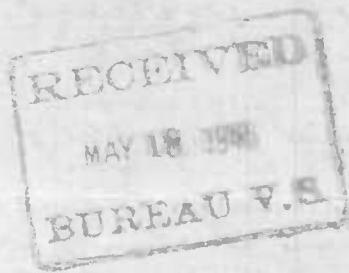
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE B. D. Howard M. D. or other

Address Frederick, Md Date signed May 16 1946



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 482+

## CERTIFICATE OF DEATH

04829  
731

Reg. Dist. No.

## 1. PLACE OF DEATH:

County..... Frederick  
City or town..... Frederick

(If outside city or town limits, write RURAL and give nearest town)

Lifetime

How long in above place of death?.....

Hospital, Institution, or street address where death occurred:  
27 East South Street

How long in hospital or institution?.....

## 3. (a) FULL NAME

Ida M. Gosnell

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widowed

6. (b) Name of husband or wife..... Allen C. Gosnell

7. Birth date of deceased (mo., day, yr.) Feb. 28-1874

6. (c) If alive, give age ..... years

8. AGE: Years	Months	Days	If less than one day
72	2	23	hrs. min.

9. Birthplace..... Frederick County Maryland  
(Town, county, and state)

10. Usual occupation..... Housekeeper

## 11. Industry or business

12. Name..... George W. Bentz

13. Birthplace..... Frederick County Maryland

14. Maiden name..... Sarah Catherine Bell

15. Birthplace..... Frederick County Maryland

16. Informant..... Mrs. John Brust

Address..... 27 E. South St.-Frederick, Md.

17. Burial (Burial, cremation, or removal) Date thereof..... 5-23-1946  
(month) (day) (year)

Cemetery or crematory..... Mount Olivet Cemetery

Location..... Frederick, Maryland

18. Funeral director..... C. E. Cline and Son

Address..... Frederick, Maryland

19. 23-May-1946  
(Date rec'd by registrar)Elizabeth G. Hech  
Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Frederick

City or town..... Frederick  
(If outside city or town limits, write RURAL and give nearest town)Street No..... 27 East South Street  
(If rural, give LOCATION)

2.(a) If veteran, name war..... None

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... May 21-1946 at 12:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

January 10, 1946, to May 21, 1946

and that I last saw her alive on May 20, 1946

Immediate cause of death.....

DURATION

Barcino male

Due to..... Illness

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury..... Injured at work?

23. SIGNATURE..... Stephen J. Hech  
Atte Berick M.D.  
M. D. or other

Address.....

Date signed.....

RECEIVED

MAY 25 1946

BUREAU V.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13120

04830

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County... Frederick

State... Frederick-Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, institution, or street address where death occurred:

Emergency Hospital

How long in hospital or institution? 1 Year and 8 Months

## 3. (a) FULL NAME

JESSIE MAY HALLAR

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

S

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)

October 7, 1859

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

86

7

9

hrs.

min.

Frederick-Frederick-Maryland

9. Birthplace.....

(Town, county, and state)

None

10. Usual occupation.....

11. Industry or business

12. Name..... William Hallar

13. Birthplace..... Frederick County Maryland

14. Maiden name..... Sarah Preston

15. Birthplace..... Frederick County Maryland

16. Informant..... Mrs. John Best

Address..... Frederick, Maryland

17. Burial

(Burial, cremation, or removal, which?) Date thereof..... 5/18/46

Cemetery or crematory..... Mount Olivet Cemetery

Location..... Frederick, Maryland

18. Funeral director..... M. R. Etchison and Son

Address..... Frederick, Maryland

19. 17-May-46  
(Date rec'd by registrar)Elizabeth G. Heck  
Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland

County..... Frederick

City or town..... Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No..... 1013 North Market Street

(If rural, give LOCATION)

2. (a) If veteran, name war..... None

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

2D. DATE OF DEATH..... May 16th, 1946 at 2 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

I am 1946 to May 16 1946.

and that I last saw her alive on May 16 1946.

Immediate cause of death.....

Chronic Nephritis (arterio-sclerotic) 10 years

Due to..... Arterio - Sclerosis)

Due to.....

Other conditions..... Hypertension,

Hemiplegia

(Include pregnancy within 3 months of death)

Major findings of operations.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury.....

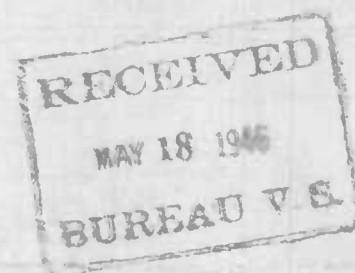
Injured at work? .....

23. SIGNATURE..... Bernard J. Haas Jr. M. D.

M. D. or other

Address..... Frederick, Maryland

Date signed 5-17-46



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9<sup>th</sup>

## CERTIFICATE OF DEATH

04831  
Reg. Dist. No. 154

1. PLACE OF DEATH:  
 County Frederick  
 City or town Emmitsburg  
(If outside city or town limits, write RURAL NEAR and give town)  
 Street address, hospital, or institution:  
 Stay in hospital or Inst. (yrs., or mos., or days) Not Any  
 Stay in this community (yrs., or mos., or days) all life

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
 State Maryland County Frederick  
 City or town Emmitsburg Ward No.  
(If outside city or town limits, write RURAL NEAR and give town)  
 Street No.  
(If rural give LOCATION)  
 2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME  
George Washington Herring

3. (b) Social Security Number  
None

4. Sex <u>Male</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Widower</u>
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6 (b) Name of husband or wife Bertie Bollinger

7. Birth date of deceased (mo., day, yr.) Aug. 29 1870

8. AGE: Years <u>75</u>	Months <u>8</u>	Days <u>15</u>	If less than one day
			hrs. _____ min. _____

9. Birthplace Adams County Pa.  
(Town, county, and state)

10. Usual occupation Retired Farmer

11. Industry or business

MOTHER FATHER	12. Name <u>Abraham Herring</u>
	13. Birthplace <u>Adams County Pa.</u>

MOTHER FATHER	14. Maiden name <u>Margaret Martin</u>
	15. Birthplace <u>Adams County Pa.</u>

16. Informant James Herring  
 Address Littlestown Pa.

17. Burial Date thereof 5/17/46  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mountain Cemetery  
 Location Emmitsburg Md.

18. Funeral director John W. Beuder  
 Address Gettysburg Pa.

19. May 15 1946 M. F. Shuff  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1946 1 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Pass 1946 to May 14 1946, and that I last saw him alive on May 14 1946.

Immediate cause of death coronary occlusion DURATION 1 hour

Due to arteriosclerosis - several years

Due to Hypertension - several years

Other conditions

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

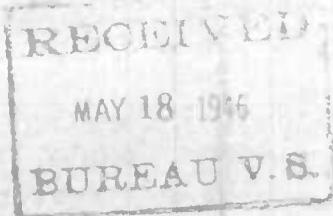
Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE

W. R. Cagle MD  
 M. D. or other  
 Address Emmitsburg Md. Date signed 5-15-46



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 41

04832  
931

## CERTIFICATE OF DEATH

Reg. Dist. No.

## 1. PLACE OF DEATH:

County

City or town

Frederick  
Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred

Emergency Hospital

How long in hospital or institution?

## 3. (a) FULL NAME

4. Sex

Female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

Widow

## 8. (b) Name of husband or wife

William Henry Hoffmester

7. Birth date of deceased (mo., day, yr.)

June 28, 1879

8. (c) If alive, give age years

## 8. AGE:

Years

Months

Days

If less than one day

69

11

4

hrs.

~ min.

69

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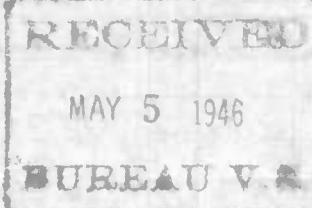
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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B-2)

04833

## CERTIFICATE OF DEATH

Reg. Dist. No. 141

## 1. PLACE OF DEATH:

County Frederick  
City or town Brunswick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 yrs.Hospital, Institution, or street address where death occurred: #9 Third Ave.

How long in hospital or institution?

## 3. (a) FULL NAME

Nellie Elizabeth Himes Huffman4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Charles F. Huffman7. Birth date of deceased (mo., day, yr.) Nov. 25, 1898 6. (c) If alive, give age ..... years8. AGE: Years 47 Months 5 Days 11 If less than one day ..... hrs. ..... min.9. Birthplace Brownsville, Wash Co., Md.  
(Town, county, and state)10. Usual occupation Housewife

## 11. Industry or business

12. Name John Quincy Himes13. Birthplace Brownsville, Wash. Co., Md.14. Maiden name Mary C. Holder15. Birthplace Brownsville, Wash. Co., Md.16. Informant Mrs. William EagleAddress #125 Galveston Pl. S.W., Wash. D.C.17. Burial Date thereof May 8, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Knoxville.Location Knoxville, Md.18. Funeral director Joseph S. BaileyAddress 320 W. Potomac St., Brunswick, Md.19. (Date rec'd by registrar) 5-7 1946 Eugenia H. Bush

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County FrederickCity or town Brunswick (If outside city or town limits, write RURAL and give nearest town)Street No. 9 Third Ave. (If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1946 at 3:30 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 4, 1946 to May 6, 1946 and that I last saw her alive on May 5, 1946Immediate cause of death Malnutrition -  
ThiamineDue to Myocardial degeneration  
sisterDue to Hypoglycemic Coma  
InsulinomaOther conditions Insulinoma Not due to cancer  
Osteoarthritis due to ileal fistula, impaction(Include pregnancy within 3 months of death) Cancer

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

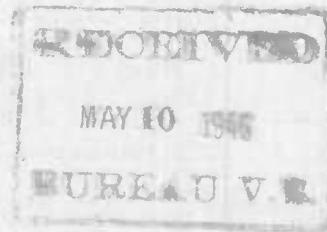
Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE A. Bruce Jefferson M. D. or other \_\_\_\_\_Address \_\_\_\_\_ Date signed 5/1/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2 3/  
2



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

04834

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Life

How long in above place of death?

Hospital, institution, or street address where death occurred:

48 Lincoln Apartments

How long in hospital or institution?

## 3. (a) FULL NAME

ANNIE ELIZABETH JACKSON

4. Sex

F

5. Color or race

C

6. (a) Single, married, widowed, or divorced

M

6. (b) Name of husband or wife

George N. Jackson

B. (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.)

February 22, 1897

8. AGE:

Years

Months

Days

If less than one day

49

2

9

hrs.

min.

9. Birthplace Frederick-Frederick-Maryland  
(Town, county, and state)

Domestic

10. Usual occupation

11. Industry or business

William Craig

12. Name

MOTHER FATHER

Frederick County Maryland

13. Birthplace

Ellen Slifer

14. Maiden name

MOTHER

Frederick County Maryland

15. Birthplace

George N. Jackson

16. Informant

17. Burial

Address 48 Lincoln Apts., Frederick, Md.

(Burial, cremation, or removal. Which?)

Date thereof 5/4/46  
(month) (day) (year)

Cemetery or crematory

Fairview Cemetery

Location

Frederick, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19. Date rec'd by registrar

1946

(Date rec'd by registrar)

Elizabeth B. Heck  
Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Frederick

City or town

Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 48 Lincoln Apartments

(If rural, give LOCATION)

None

2.(a) If veteran, name war

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

2D. DATE OF DEATH May 1st, 1946 at 5:10A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

4/30 1946 to 5/1 1946 and that I last saw h. c. alive on 5/1 1946

Immediate cause of death

Coronary Occlusion

DURATION

1 day

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

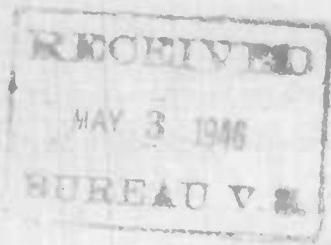
Means of injury

Injured at work?

23. SIGNATURE

M. D. or other M. D.

Address Frederick, Maryland Date signed 5-2-46



**PLEASE WRITE PLAINLY, WITH UNFADING INK.** Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 4-21

## CERTIFICATE OF DEATH

Reg. Dist. No. 048350

## 1. PLACE OF DEATH:

County

FREDERICK

City or town

NEW Midway

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

MARY VIRGINIA Jacobs

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

W

6. (b) Name of husband or wife

FREDERICK C. Jacobs

5. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

July 18, 1875

8. AGE:

Years  
70Months  
9Days  
14If less than one day  
hrs. min.

9. Birthplace

BERTONSVILLE - FREDERICK - MD

(Town, county, and state)

10. Usual occupation

AT HOME

11. Industry or business

MOTHER FATHER 12. Name ORMOND Phelps

13. Birthplace FREDERICK CO. MD

14. Maiden name Louise (LAST NAME UNKNOWN)

15. Birthplace FREDERICK CO. MD.

16. Informant G. F. Staley Jacobs

Address NEW Midway, MD

17. Burial Date thereof 5-15-46  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory ST LUKE'S LUTHERAN CEM.

Location FREDERICK, MD.

18. Funeral director M.R. ET. CHISON + SON

Address FREDERICK, MD

19. May 14 1946  
(Date rec'd by registrar)Signature S. L. Powell  
Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND County FREDERICK

City or town NEW Midway  
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

NONE

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

2d. DATE OF DEATH

May 12th 1946 at 10 40 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

January 15 to May 12 1946  
and that I last saw her alive on May 11 1946

Immediate cause of death

Carcinoma of small intestine 2 years

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

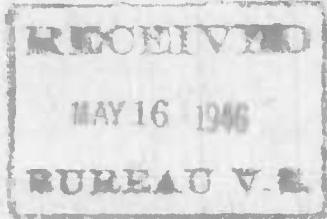
Means of injury

Injured at work?

23. SIGNATURE J. H. Neesham MD

M. D. or other

Address FREDERICK, MD Date signed May 14 1946



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore B

04836  
139

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

**1. PLACE OF DEATH:** Frederick  
 County .....  
 City or town. State Sanatorium, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Since 5/3/46  
 Hospital, institution, or street address where death occurred:  
 Maryland Tuberculosis Sanatorium  
 How long in hospital or institution? Since 5/3/46

**2. USUAL RESIDENCE (HOME) OF DECEASED:**  
 (For newborn infants give residence of mother)  
 State. Maryland County .....  
 City or town. Baltimore  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 1912 E. Pratt St.  
 (If rural, give LOCATION)

**3. (a) FULL NAME** Ludwik Juchno  
 4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married  
 B.(b) Name of deceased wife Bertha Juchno  
 Poland 7. Birth date of deceased (mo. day. yr.) August 24, 1890  
 8. AGE: Years Months Days If less than one day  
 55 8 23 hrs. min.  
 9. Birthplace Poland (Town, county, and state)  
 10. Usual occupation Tailor  
 11. Industry or business

MOTHER FATHER	12. Name	Micheal Juchno
	13. Birthplace	Poland
MOTHER	14. Maiden name	Mari Kwarta
	15. Birthplace	Poland
16. Informant Julius J. Juchno (Son)		
Address 1912 E. Pratt St., Balto., Md.		

17. Burial Date thereof 5/21/46  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery XXXXX Holy Rosary  
 Location Baltimore, Maryland  
 18. Funeral director Wm. S. Fialkowski  
 Address 2007 Eastern Ave., Balto., Md.  
 19. May 17 1946  
 (Date rec'd by registrar) *J. H. L.* Registrar

**3. (b) Social Security Number** 213-10-1962

**MEDICAL CERTIFICATION**

20. DATE OF DEATH May 17 1946 at 6:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 3 1946 to May 17 1946 and that I last saw him alive on May 17 1946.

Immediate cause of death Pulmonary Tuberculosis DURATION 7 Mos.

Gangrene of Right Foot  
 Due to Diabetes Mellitus 7 Mos.

Other conditions Diabetes Mellitus Unknown  
 (Include pregnancy within 8 months of death)

Major findings of operations Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

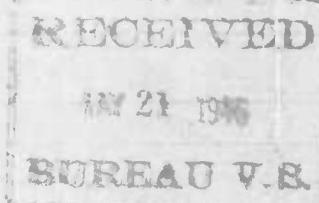
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE *O. W. L.* M. D. Juchno  
 Address State Sanatorium, Md. Date signed 5/18/46



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 35-2

04837

131

## CERTIFICATE OF DEATH

Reg. Dist. No.

**PLEASE WRITE PLAINLY, WITH UNFADING INK.** Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: Frederick  
 County Walkersville  
 City or town (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 mo.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Robert Nelson Kerchner

4. Sex m 5. Color or race w 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Katherine Kefauver

7. Birth date of deceased (mo., day, yr.) Oct. 30, 1914 6. (c) If alive, give age 31 years

8. AGE: Years 31 Months 6 Days 14 It less than one day hrs. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Baltimore Co.  
 (Town, county, and state)

10. Usual occupation Bus driver

11. Industry or business

FATHER 12. Name Charles Kerchner  
 13. Birthplace York Co. Pa

MOTHER 14. Maiden name Edua Strine  
 15. Birthplace Frederick Co

16. Informant Mrs Chas Kerchner  
 Address Walkersville, Md

17. Burial Burial Date thereof May 17, 1946  
 (Burial, cremation, or removal, if any)

Cemetery or cemetery Mt. Hope  
 Location Woodsboro

18. Funeral director J. C. Barton  
 Address Walkersville

19. (Date rec'd by registrar) 16 May 1946 Registrars Elizabeth G. Hecke

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)

State Md County Frederick

City or town (If outside city or town limits, write RURAL and give nearest town)

Street No. 108 E. 2nd St. (If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

215-10-2528

## MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1946 at 7 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1, 1946, to May 14, 1946 and that I last saw him alive on May 14, 1946

Immediate cause of death

Peritonitis, a ruptured gland  
in the testes

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? ..... (City or town) ..... (County) ..... (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address Walkersville, Md Date signed May 17, 1946

RECEIVED

JUN 16 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 52B

04838

## CERTIFICATE OF DEATH

Reg. Dist. No. 145

## 1. PLACE OF DEATH:

County

Frederick

City or town

(If outside city or town limits, write RURAL and give nearest town)

50 yrs

How long in above place of death?

Hospital, Institution, or street address where death occurred

How long in hospital or institution?

## 3. (a) FULL NAME

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male White Widowed

S. Ellen Poole

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age years

August 6, 1867

8. AGE:

Years

Months

Days

If less than one day

78 9 22

hrs.

min.

9. Birthplace

Pennsboro Indiana

(Town, county, and state)

10. Usual occupation

Retired

11. Industry or business

Harness maker

FATHER

12. Name

John W. Kinnaman

MOTHER

13. Name

Md

14. Maiden name

Sophia Michael

15. Birthplace

Md

16. Informant

Miss Laura M. Kinnaman

Address

Myersville Md

17. Burial

Date thereof May 31, 1946

(Burial, cremation, or removal (which))

(month) (day) (year)

Cemetery or crematory

St Paul's Lutheran

Location

Myersville Md

18. Funeral director

Paul J. Bittle

Address

Myersville, Md.

19. Date rec'd by registrar

Edgar Bittle

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Myersville

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

218-09-5703

## MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1946 at 11:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 1944 to May 28, 1946

and that I last saw him alive on May 26, 1946

Immediate cause of death

Carcinoma of Urinary Bladder 192 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

injured at work?

23. SIGNATURE

J E Harp Md M. D. or other

Address Middletons Date signed 5-29-46

RECEIVED

JUN 2 1946

BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 460

## CERTIFICATE OF DEATH

0483913  
Reg. Dist. No. ....

## 1. PLACE OF DEATH:

County

City or town

Frederick

(If outside city or town limit, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Mayaguez Hospital

How long in hospital or institution?

## 3. (a) FULL NAME

Rose Etta Larken

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Peter Bernard Larken

7. Birth date of

Deceased (mo., day, yr.)

June 17, 1871

6. (c) If alive, give age years

8. AGE:

Years  
74Months  
11Days  
13If less than one day  
hrs. min.

9. Birthplace

London Court, Virginia

(Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER FATHER

Name.....

John Allen

13. Birthplace

Unknown

14. Maiden name

Unknown

15. Birthplace

Unknown

16. Informant

J. Virginia Larken

Address

Mayaguez Hosp. Frederick, Md.

17. Burial

Date thereof..... June 1, 1946

(Burial, cremation, or removal, which?)

(month) (day) (year)

Cemetery or cemetery

Southern Cemetery

Location

Jefferson, Md.

18. Funeral director

Harry S. Party Co.

Address

Frederick, Md.

19. I-Form

(Date rec'd by registrar) 1946

Elisabeth L. Heck

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State

Maryland County Frederick

City or town

Frederick (If outside city or town limits, write RURAL and give nearest town)

Street No.

622 Rail Avenue (If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... May 30 1946 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 29, 1946 to May 30, 1946

and that I last saw her alive on May 30, 1946

Immediate cause of death

Carcinoma stomach

DURATION

6 months

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

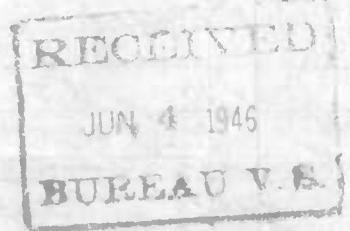
Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE..... Bernard Larken, M.D.

M. D. or other

Address..... Frederick, Md. Date signed..... May 31, 1946



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 15

## CERTIFICATE OF DEATH

04840

Reg. Dist. No.

131

## 1. PLACE OF DEATH:

County

Frederick

City or town

Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution?

## 3. (a) FULL NAME

Baby Boy manahan

## 3. (b) Social Security Number

none

4. Sex

5. Color or race

6. (a) Single, married, widowed or divorced

m

w

Single

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo. day. yr.)

8. (c) If alive, give age..... years

May 17-1946

8. AGE:

Years

Months

Days

It less than one day

hrs.

min.

9. Birthplace.....

(Town, county, and state)

10. Usual occupation.....

Infant

11. Industry or business

12. Name..... Stanley R. manahan

13. Birthplace..... Lantz - Md.

14. Maiden name..... Evelyn Phelps

15. Birthplace..... Frederick Co. Md.

16. Informant..... Stanley R. manahan

Address..... 127 E. 4 th St. - Frederick, Md.

17. Burial..... Date thereof..... 5-18-46

(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or cemetery..... Mt. Olivet Cemetery

Location..... Frederick - Md.

18. Funeral director..... C. E. Cline and Son

Address..... Frederick - Md.

19. 18-May..... 1946..... Elizabeth S. Heck

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Frederick

City or town..... Frederick (If outside city or town limits, write RURAL and give nearest town)

Street No..... 127 E. 4 th St. (If rural, give LOCATION)

2.(a) If veteran, name war..... none

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... May 17 1946, at 6:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 17 1946, to May 17 1946

and that I last saw him alive on May 17 1946

Immediate cause of death.....

Respiratory distress causing death

Due to..... Between 4 to 6 p.m.

month before

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause in which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town)..... (County)..... (State).....

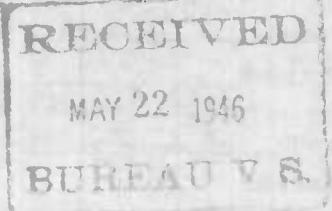
Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... Bill Thomas

M. D. or other

Address..... Frederick, Md. Date signed..... 5/18/46



Mr. B. C. Thomas, Jr.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 462 X

★04841

Reg. Dlat. No. 144

## CERTIFICATE OF DEATH

## 1. PLACE OF DEATH:

County... Frederick

City or town... Rocky Ridge-rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 50 years.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

## 3. (a) FULL NAME

Jacob Clarence Martin

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male

White

Married

6.(b) Name of husband or wife

Mabel G. Martin

8.(c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.)

November 14, 1885

8. AGE:

Years  
60Months  
6Days  
9

If less than one day

hrs. .... min.

9. Birthplace

Graceham, Frederick Co., Md.

(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

Joshua J. Martin

MOTHER FATHER

Frederick County, Md.

MOTHER

Sarah C. Stevens

FATHER

Frederick County, Md.

16. Informant

Mrs. Mabel Martin

Address

Rocky Ridge, R.F.D. Md.

17. Burial

Date thereof May 26, 1946

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

United Brethren

Location

Thurmont, Md.

18. Funeral director

M. L. Creager &amp; Son

Address

Thurmont, Md.

19. May 24 1946

(Date rec'd by registrar)

Blanche S. Eyley

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland

County...

Frederick

City or town... Rocky Ridge- rural

(If outside city or town limits, write RURAL and give nearest town)

Street No. ....

(If rural, give LOCATION)

2.(a) If veteran, name war no

## 3. (b) Social Security Number

none

## MEDICAL CERTIFICATION

2D. DATE OF DEATH May 26, 1946, at 6<sup>10</sup> P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

March 15, 1946, to May 23, 1946,

and that I last saw him alive on Olive-May 23, 1946.

Immediate cause of death

Carcinoma of the bowel

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

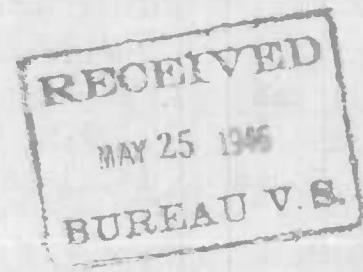
Means of injury

Injured at work?

23. SIGNATURE

J. L. Creager &amp; Son, M. D.

Address Thurmont, Md. Date signed May 26, 1946



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1100

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County: Frederick City Hospital

City or town: Frederick City

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 days

Hospital, Institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution? 4 days

## 3. (a) FULL NAME

Charlie

Miles

## 3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male White Widowed

8. (b) Name of husband or wife

Rebecca Miles

6. (c) If alive, give age

years

7. Birth date of deceased (mo., day, yr.)

May 1 - 1869

8. AGE:

Years	Months	Days	It less than one day
77	0	9	hrs. min.

9. Birthplace

Clarksville Md

(Town, county, and state)

10. Usual occupation

Labor

11. Industry or business

Farm &amp; Home

FATHER

12. Name

Albert Miles

MOTHER

13. Birthplace

Montgomery Co. Md.

14. Maiden name

Mary ?

15. Birthplace

Montgomery Co. Md.

16. Informant

Beretelle Mullins

Address

Clarksville Md

17. Burial

(Burial, cremation, or removal which) Date thereof

(month) (day) (year)

Cemetery or embalming

Clarksville Md

Location

Montgomery Co. Md

18. Funeral director

Bob W. Barker

Address

Watertown Md

19. To May

Elizabeth G. Heck

(Date rec'd by registrar)

1946

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Clarksburg Md

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: May 9 1946 at 11:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

dead to 1946  
and that I last saw him alive on May 9 1946

Immediate cause of death

Crushing injury to chest  
multiple fractures of it

DURATION

4 days

Due to

car accident

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of 5-5-46

Where did injury occur? Clarksburg, Montgomery Co. (City or town) (County) (State)

Injured at home, farm, industry, public place (where)? Highway

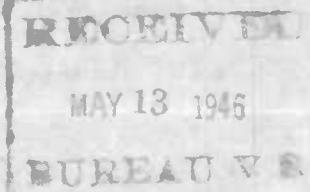
Means of injury auto Injured at work? No

Property loss Ex.

23. SIGNATURE

R. W. Barker M. D. or other

Address: Frederick, Md Date signed: 5-9-46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 159

04843

Reg. Dist. No. 131

## CERTIFICATE OF DEATH

## 1. PLACE OF DEATH:

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution?

## 3. (a) FULL NAME

JOAN CLERENE MILYARD

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

S

8. (b) Name of husband or wife.....

5. (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.)

May 9, 1946

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

0 0 2

9. Birthplace.....

(Town, county, and state)

Frederick-Frederick-Maryland

10. Usual occupation.....

Infant

11. Industry or business

12. Name.....

John Milyard

13. Birthplace.....

Frederick County Maryland

14. Maiden name.....

Helen Eyler

15. Birthplace.....

New Windsor, Maryland

16. Informant.....

John Milyard

Address.....

Wilson Ave., Frederick, Maryland

17. Burial.....

Date thereof.....

5/13/46

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory.....

Mount Olivet Cemetery

Location.....

Frederick, Maryland

18. Funeral director.....

M. R. Etchison and Son

Address.....

Frederick, Maryland

19. Date rec'd by registrar.....

13 May 1946

Elizabth L. Heck

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Frederick

City or town Frederick-Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

Wilson Avenue

(If rural, give LOCATION)

2.(a) If veteran, name war.....

None

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH.....

May 11th, 1946, at 12:55P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 9, 1946, to May 11, 1946,

and that I last saw her alive on May 11, 1946.

Immediate cause of death.....

Suffocation

Due to.....

Premature Birth

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

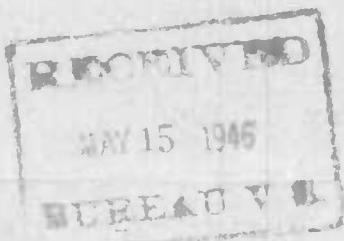
Injured at work?

23. SIGNATURE.....

Howard Welch, M.D.

M. D. or other

Address..... Date signed 5-13-46



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 730

04844 131  
Reg. Dist. No.

## CERTIFICATE OF DEATH

**1. PLACE OF DEATH:**  
 County... Frederick  
 City or town... Frederick - Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Lifetime  
 Hospital, Institution, or street address where death occurred: Montevue  
 How long in hospital or institution? 62 years

**2. USUAL RESIDENCE (HOME) OF DECEASED:**  
 (For newborn infants give residence of mother)  
 State Maryland County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war None

**3. (a) FULL NAME**

MRS. FRANCES PENNER

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced		
Female	White	Widowed		
6.(b) Name of husband or wife Jacob Penner				
6.(c) If alive, give age years				
7. Birth date of deceased (mo., day, yr.) Don't know				
8. AGE:	Years	Months	Days	If less than one day
APPROX. ? 85 ?				

9. Birthplace Maryland  
 (Town, county, and state)

10. Usual occupation Retired

## 11. Industry or business

FATHER	12. Name	John Schilling
MOTHER	13. Birthplace	Maryland

14. Maiden name Ruth Ann Sears

15. Birthplace Maryland

16. Informant Montevue Records

## Address

17. Burial Date thereof May 25, 1946  
 (Burial, cremation, or removal, which) (month) (day) (year)

Cemetery or crematory Montevue

Location Frederick, Maryland

18. Funeral director C. E. Cline & Son

Address Frederick, Maryland

19. May 25, 1946  
 (Date rec'd by registrar)

Registrar

**3. (b) Social Security Number**

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH May 23, 1946, at 8:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1, 1942, to May 23, 1946, and that I last saw her alive on May 22, 1946.

Immediate cause of death Arterio-sclerotic Cardio-vascular Disease

DURATION 104 years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

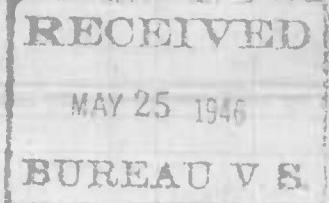
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Bernard James D. M.

M. D. or other

Address Frederick, Md. Date signed May 25, 1946





RECEIVED

JUN 4 1946

BUREAU V.S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1300

04846

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County: Frederick

City or town: Walkersville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 40 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Roscoe Hezekiah Ports

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

m

w

married

B. (b) Name of husband or wife: Ruth E. Reddick

7. Birth date of deceased (mo. day. yr.) Dec. 3 1891

8. (c) If alive, give age 53 years

8. AGE: Years Months Days If less than one day

54 5 8 hrs. min.

9. Birthplace: Woodsboro, Md.

(Town, county, and state)

10. Usual occupation: Baker

11. Industry or business:

12. Name: Sylvanus M. Ports

13. Birthplace: Pa.

14. Maiden name: Emma C. Fisher

15. Birthplace: Pa.

16. Informant: Mrs Ruth Ports

Address: Walkersville

17. Burial: Date thereof: May 14 1946

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory: Mt. Hope

Location: Woodsboro, Md.

18. Funeral director: G.C. Barton

Address: Walkersville, Md.

19. Date rec'd by registrar: 13 May 1946

(Date rec'd by registrar)

Elizabeth G. Heck

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md.

County: Frederick

City or town: Walkersville

(If outside city or town limits, write RURAL and give nearest town)

Street No.:

(If rural, give LOCATION)

2.(a) If veteran, name war:

## 3. (b) Social Security Number

215-10-2568

## MEDICAL CERTIFICATION

20. DATE OF DEATH: May 11 1946 at 7 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 14 1946 19. to May 11 1946

and that I last saw him alive on May 11, 1946 19.

Immediate cause of death:

Hypertensive Cardiac Disease  
Recent disease

DURATION

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings or operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

## 23. SIGNATURE

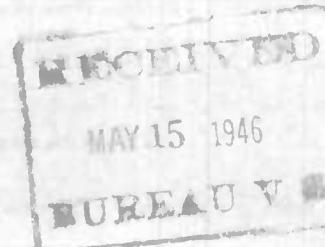
S. E. Poston Day M. D. or other

Address: Walkersville, Md. Date signed: May 14, 1946

RECEIVED BY THE ILLINOIS STATE GAME FARM

WILMINGTON, ILLINOIS

ILLINOIS STATE GAME FARM



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 832

## CERTIFICATE OF DEATH

Reg. Dist. No. 048A7  
137

## 1. PLACE OF DEATH:

County

Frederick

City or town

Elmwood

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Lifetime

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Samuel Fillmore Repp

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male White Married

B. (b) Name of husband or wife

Sarah Repp

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

March 12 - 1856

8. AGE:

Years Months Days If less than one day

90 1 27 hrs. min.

9. Birthplace

Frederick Co. Maryland

(Town, county, and state)

10. Usual occupation

Farmer - Minister

11. Industry or business

Retired

MOTHER FATHER

12. Name

Wesley Repp

13. Birthplace

Maryland

14. Maiden name

Elizabeth Saylor

15. Birthplace

Maryland

16. Informant

Miss Clarissa H. Repp

Address

Elmwood, Maryland

17. Burial

Date thereof May 12 - 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Bever Dam Cemetery

Location

Near Elmwood Maryland

18. Funeral director

D D Hartley &amp; Sons

Address

Elmwood &amp; New Windsor Md

19. Date rec'd by registrar

May 13 1946

Brad D. Cuffman

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland County Frederick

City or town

Elmwood Bridge (If outside city or town limits, write RURAL and give nearest town)

Street No.

Elmwood (If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 1946 at 6:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on May 9 1946

Immediate cause of death

Cerebral Hemorrhage

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Elmwood, Maryland Date signed



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131

04848

131

## CERTIFICATE OF DEATH

Reg. Dist. No.

## 1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred

Emergency Hospital 1 mo

How long in hospital or institution

## 3. (a) FULL NAME

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male white Widower

6. (b) Name of husband or wife

Mary Catherine Smith

7. Birth date of deceased (mo., day, yr.)

May 10, 1857

8. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

Pennsylvania

(Town, County, and state)

10. Usual occupation

Laborer

11. Industry or business

Israel Coot

FATHER

12. Name

Isreal Coot

MOTHER

13. Birthplace

Pennsylvania

14. Maiden name

Hauer Louis Hellman

15. Birthplace

Pennsylvania

16. Informant

Mrs M. Green

Address

Thompson Rd

17. Burial

(Burial, cremation, or removal, if applicable)

Date thereof May 30-16

(month) (day) (year)

Cemetery or other place

Lewistown Cem

Location

Lewistown Md

18. Funeral director

M. J. Treager Son

Address

Thompson Rd

19. 99-May

(Date rec'd by registrar)

1946

Elizabeth H. Heck

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infant, give residence of mother)

State Maryland

City or town Frederick

County Maryland

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

no

## 3. (b) Social Security Number

no

## MEDICAL CERTIFICATION

20. DATE OF DEATH May 27, 1946 at 10 P.M.

21. I CERTIFY that death occurred on the date above signed; that I attended deceased from April 29, 1946, to May 27, 1946,

and that I last saw him alive on May 27, 1946.

Immediate cause of death

Chronic Nephritis

DURATION

104 years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Bernard Human M. D. or other

Address

Frederick, Md.

Date signed

May 28, 1946

FLASH TO DEPARTMENT STATE CHAOSAN  
RECEIVED MAY 30 1945  
SPECIAL AGENT DIVISION

"45"

RE:

MAY 30 1945

BUREAU U.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-1

04849

## CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH: Frederick  
 County .....  
 City or town. State Sanatorium, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Since 1/3/46  
 Hospital, institution, or street address where death occurred:  
 State Sanatorium, Maryland  
 How long in hospital or institution? Since 1/3/46

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)

State Maryland County .....  
 City or town. Baltimore  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 125 Cheapside  
 (If rural, give LOCATION)

3. (a) FULL NAME  
 Harry Schaum

3. (b) Social Security Number  
 215-03-1809

4. Sex Male Color or race White Widower

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) January 1, 1899

8. AGE: Years 47 Months 4 Days 19 If less than one day hrs. min.

9. Birthplace Pennsylvania  
 (Town, county, and state)

10. Usual occupation Race track man

11. Industry or business

FATHER George Schaum

13. Birthplace Pennsylvania

MOTHER Mary M. Malone

15. Birthplace Pennsylvania

Deceased

16. Informant

Address

Burial (Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)  
 Blue Ridge Crematory May 23 1946

Cemetery or crematory

Location

M. L. Creager & Son

18. Funeral director

Address Thurmont, Maryland

19. (Date rec'd by registrar) 19. (Date signed) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1946 at 4:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 3 1946 to May 20 1946.

and that I last saw him alive on May 20 1946.

Immediate cause of death Pulmonary Tuberculosis

DURATION  
20 Mos.

Due to:

Due to:

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J.B. Dixon M. D. *OK*

Address State Sanatorium, Md. Date signed 5/20/46

RECEIVED

MAY 21 1946

BUREAU

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *Mo.*

04850

## CERTIFICATE OF DEATH

Reg. Dist. No. 134

## 1. PLACE OF DEATH:

County..... Frederick

City or town..... Rural, Emmitsburg, R.D.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Maurice Delbert

Sheeley

4. Sex..... Male 5. Color or race..... White 6. (a) Single, married, widowed, or divorced..... married

6. (b) Name of husband or wife..... Mernie Gladhill Sheeley

7. Birth date of deceased (mo., day, yr.)..... Feb. 9, 1900 6. (c) If alive, give age..... 40 years

8. AGE: Years..... 46 Months..... 3 Days..... 22 If less than one day..... hrs..... min.....

9. Birthplace..... Adams County, Penna. (Town, county, and state)

10. Usual occupation..... Laborer

## 11. Industry or business

12. Name..... Oliver Sheeley

13. Birthplace..... Frederick Co., Md.

14. Maiden name..... Emma Wetzel

15. Birthplace..... Adams County, Penna.

16. Informant..... Virginia Vaughn

Address..... Emmitsburg, Md.

17. Burial..... Date thereof..... June 3, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Mt. View

Location..... Emmitsburg, Md. R.D.

18. Funeral director..... S. L. Cillion

Address..... Emmitsburg, Md.

19. Date rec'd by registrar..... June 6, 1946

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Frederick

City or town..... Rural, Emmitsburg, R.D.  
(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

184-09-4494

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... May 31, 1946, at 5 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on May 31, 1946.

Immediate cause of death..... Convulsions & convulsions of face & head  
Loculations of face & head  
Haemorrhage left side  
Due to..... of brain. Stroke

DURATION..... 15 min.

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

## Major findings or operations.....

Ante mortem results..... Death of ap. Date of ap.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Homicide Date of 5-31-46

Where did injury occur..... near Emmitsburg, Frederick, Md. (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)..... Front Room

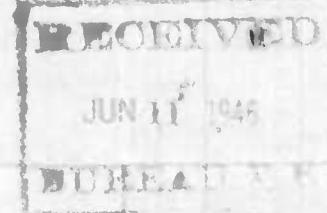
Means of Injury..... Fist &amp; Stones Injured at work? No

By D.R.W. BAER

DEPUTY MEDICAL EXAMINER

23. SIGNATURE..... P.W. Baer M. D. or other

Address..... Frederick, Md. Date signed 6-1-46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 61

04851

## CERTIFICATE OF DEATH

Reg. Dist. No. 136

## 1. PLACE OF DEATH:

County Frederick  
 City or town Dickerson B.F.D.  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life  
 Hospital, Institution, or street address where death occurred:

How long in hospital or Institution?

## 3. (a) FULL NAME

Emma Jane Stevenson

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

F C widowed

6.(b) Name of husband or wife

James Stevenson

6.(c) If alive, give age years

7. Birth date of deceased (mo. day, yr.)

April 9 1863

8. AGE:

Years

Months

Days

If less than one day

83 0 22 hrs. min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Wesley MillineryMarylandRebecca DaithesMarylandMr. Bertie Sarah HarrisDickerson Md.BurialDate thereof  
(month) (day) (year)  
5-3-46Bell's ChapelDickerson Md. B.F.D.Rev. B. HiltonBarnesville, Md.John L. HudsonRegistrar1946Date rec'd by registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Dickerson B.F.D.

(If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

none

## MEDICAL CERTIFICATION

20. DATE OF DEATH May 1st, 1946 at 9 a.m.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 20th, 1946 to May 1st, 1946and that I last saw her alive on May 1st, 1946Immediate cause of death Cardiovascular-renal disease DURATION since 3/20/46?Due to Marked arteriosclerosis with diabetes.

Due to .....

Other conditions .....

(Include pregnancy within 3 months of death)

Major findings of operations .....

Date of op. ....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work? .....

23. SIGNATURE Dr. ConleyAddress Frederick, Md. M.D. 5/1/46 Date signed

SEARCHED

MAY 4 1946

BUREAU V.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

04852

131

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

1. PLACE OF DEATH:  
County Frederick  
City or town Frederick - Rural  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:  
Emergency Hospital

How long in hospital or institution? since Feb. 26, 1946

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Frederick  
City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)

Street No. 153 West All Saint Street  
(If rural, give LOCATION)

2.(a) If veteran, name war. None

3. (a) FULL NAME  
IDA O. STEWARD

4. Sex F	5. Color or race C	6. (a) Single, married, widowed, or divorced W
6. (b) Name of husband or - Robert Steward		
7. Birth date of deceased (mo., day, yr.) March 6, 1885		
8. AGE: Years Months Days If less than one day 61 2 20 hrs. min.		
9. Birthplace Nr. Jefferson-Frederick-Maryland (Town, county, and state)		
10. Usual occupation At Home		
11. Industry or business		
MOTHER FATHER	12. Name Lemuel Herbert	
	13. Birthplace Frederick County Maryland	
	14. Maiden name Harriett Leaks	
	15. Birthplace Frederick County Maryland	
16. Informant Earl Herbert		
Address Near Jefferson, Maryland		
17. Burial Date thereof 5/29/46 (Burial, cremation, or removal, where?) Fairview Cemetery		
Location Frederick, Maryland		
18. Funeral director M. R. Etchison and Son		
Address Frederick, Maryland		
19. 28 May 1946 (Date rec'd by registrar) Elizabeth G. Heck Registrar		

3. (b) Social Security Number  
None

## MEDICAL CERTIFICATION

20. DATE OF DEATH May 26th, 1946 at 9 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 26, 1946, to May 26, 1946, and that I last saw her alive on May 26, 1946.

Immediate cause of death Hypertensive Cardiac Disease, 15 years  
due to.

Due to.

Other conditions.

(Include pregnancy within 3 months of death)

Major findings of operations.

Date of op.

Autopsy results.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of ...

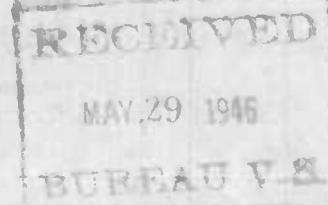
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Bernard J. Morris, M.D.  
M.D. or other

Address Frederick, Maryland Date signed 5-27-46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

## CERTIFICATE OF DEATH

04853  
Reg. Dist. No. 31

## 1. PLACE OF DEATH:

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 months

Hospital, institution, or street address where death occurred:

226 West South Street

How long in hospital or institution?

## 3. (a) FULL NAME

Mrs. Cleothilde Cabrere Stone

4. Sex

female

5. Color or race

colored

6. (a) Single, married, widowed, or divorced

widow

6. (b) Name of husband or wife

Dr. F. F. Stone

7. Birth date of deceased (mo., day, yr.)

Oct. 11, 1892

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

53

7

5

hrs.

min.

9. Birthplace New Orleans, La.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Unknown

12. Name

Unknown

13. Birthplace

Unknown

14. Maiden name

Unknown

15. Birthplace

Unknown

16. Informant Mrs. U. G. Bourne, Jr.,

226 W. South St., Frederick, Md.

Address

17. Removal

Date thereof 5 / 16 / 46

(Book number or removal, if any)

(month) (day) (year)

Cemetery or crematory

Houston, Texas

Location

18. Funeral director M. R. Etchison &amp; Son,

Frederick, Md.

Address

19. May

1946

(Date rec'd by registrar)

Elizabeth G. Heck -  
Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Texas

County Harris

City or town Houston

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

2D. DATE OF DEATH

May 16th, 1946 at 2.15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 17th 1946 to May 16th 1946

and that I last saw her alive on May 16th (1 a.m.) 1946

Immediate cause of death

Due to Coronary occlusion 15 min.

Due to

Other conditions Pleurisy 3 weeks

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work

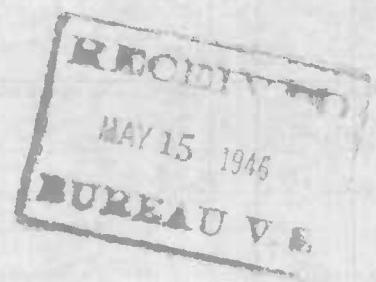
23. SIGNATURE M. G. Bourne, Jr. M.D.

M. D. or other

Address Frederick, Md. Date signed 5/16/46

RECEIVED  
MAY 16 1946  
BUREAU V S.





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 47-2

## CERTIFICATE OF DEATH

04855

Reg. Dist. No. 131

1. PLACE OF DEATH: Frederick  
 County .....  
 City or town .....  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 2 months  
 Hospital, Institution, or street address where death occurred: 201 Upper College Terrace  
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State Pennsylvania ..... County Westmoreland .....  
 City or town Greensburg .....  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 34 West Third St.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war None

3. (a) FULL NAME  
 Grace L. Thomas

3. (b) Social Security Number  
 None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife C.N. Thomas

7. Birth date of deceased (mo., day, yr.) December 14-1877  
 6.(c) If alive, give age years

8. AGE: Years Months Days If less than one day  
 68 5 6 hrs. min.

9. Birthplace Johnstown-Pa.  
 (Town, county, and state)

10. Usual occupation Housekeeper

11. Industry or business

12. Name Silas M. Fry  
 13. Birthplace Pa.

14. Maiden name Elizabeth Fry

15. Birthplace Pa.

16. Informant Clifford Yinger

Address 201 Upper College Terrace-Fred'k. Md.

17. Burial Date thereof May 23-1946  
 (Burial, cremation, or removal, which) (month) (day) (year)

Cemetery or cemetery Greensburg Cemetery

Location Greensburg-Pa.

18. Funeral director C.E.Cline and Son

Address Frederick, Md.

19. May 21-1946  
 (Date rec'd by registrar) *Elizabeth L. Heck.*  
 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1946 at 9:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 1 1946 to May 20 1946

and that I last saw her alive on May 18 1946

Immediate cause of death Ear disease of lung DURATION 1 year

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

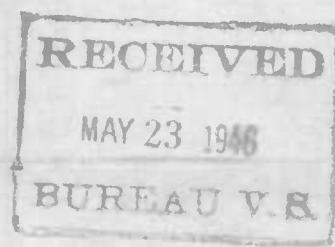
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE *R. B. Ban* M. D. or other

Address *Frederick, Md.* Date signed *5-21-46*





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

04856

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:  
County Frederick  
City or town Frederick-Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:  
Emergency HospitalHow long in hospital or institution? 1 Year

## 3. (a) FULL NAME

GEORGE WASHINGTON TOBERY

4. Sex <u>M</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>W</u>
--------------------	------------------------------	--

B. (b) Name of husband or wife Mary E. Roberts6. (c) If alive, give age years7. Birth date of deceased (mo., day, yr.) September 7, 1858

8. AGE: Years <u>87</u>	Months <u>8</u>	Days <u>11</u>	It less than one day hrs. min.
----------------------------	--------------------	-------------------	--------------------------------------

9. Birthplace Nr. Pearl-Frederick-Maryland

(Town, county, and state)

10. Usual occupation Retired Farmer

## 11. Industry or business

MOTHER / FATHER 12. Name <u>William Tobery</u>	13. Birthplace <u>Frederick County Maryland</u>
--	--

MOTHER 14. Maiden name <u>Esther Peasley</u>	15. Birthplace <u>Frederick County Maryland</u>
--	--

16. Informant <u>Mrs. W. C. Main</u>	Address <u>59 East Ave., Hagerstown, Md.</u>
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17. Burial (Burial, cremation, or removal, which) Cemetery or crematory Location	Date thereof <u>5/20/46</u> (month) (day) (year)
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18. Funeral director Address	<u>M. R. Etchison and Son</u>
---------------------------------	-------------------------------

19. Date rec'd by registrar (Date rec'd by registrar)	<u>Elizabeth B. Heck</u>
--	--------------------------

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick-Rural R. F. D. #1

(If outside city or town limits, write RURAL and give nearest town)

Street No. Near Pearl

(If rural, give LOCATION)

2.(a) If veteran, name war None

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH May 18th, 1946 at 1 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 1, 1946, to May 18, 1946.and that I last saw h.s. alive on May 18, 1946.

## Immediate cause of death

Hysteria - sclerotic Cardiac -  
vascular disease

DURATION

10 years.

Due to

Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operation

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

## Means of injury

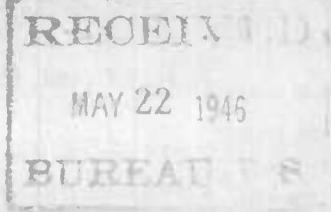
Injured at work?

## 23. SIGNATURE

Bernard Thomas J. M. D.

M. D. or other

Address Frederick, Maryland Date signed 5-20-46



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04857

## CERTIFICATE OF DEATH

131

Reg. Dist. No.

## 1. PLACE OF DEATH:

County

Frederick, Rural  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death

Hospital, Institution, or street address where death occurred

Emergency Hotel

How long in hospital or institution?

12-34 - 5 mo

## 3. (a) FULL NAME

Maria Virginia Turner

4. Sex Female | 5. Color or race Colored | 6. (a) Single, married, widowed, or divorced Widow

B. (b) Name of husband or wife Robert Turner

7. Birth date of deceased (mo., day, yr.) August 16, 1859

8. AGE: Years 86 Months 9 Days 4 If less than one day hrs. min.

9. Birthplace Frederick County, Maryland  
(Town, county, and state)

10. Usual occupation housewife

11. Industry or business Jacob Brown

12. Name Jacob Brown

13. Birthplace Maryland

14. Maiden name Amanda Jones

15. Birthplace Montgomery Co., Maryland

16. Informant

Virginia Lile  
Emergency Hotel, Frederick, Md.

Burial

Date thereof 5/22/46  
(Burial, cremation, or removal. Which?)

Cemetery or crematory Hope Hill Cemetery

Location Near Buckeystown, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. Rec'd. May 21 - 1946  
(Date rec'd by registrar)Elizabeth G. Heck  
Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Adamstown, Rural

Street No. Flint Hill Rd. #1

(If rural, give LOCATION)

2.(a) If veteran, name war None

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1946 at 2 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1 1946 to May 20 1946

and that I last saw h. b. alive on May 20, 1946

## Immediate cause of death

Arterio-sclerotic Cardiac -  
vascular disease

Due to

Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

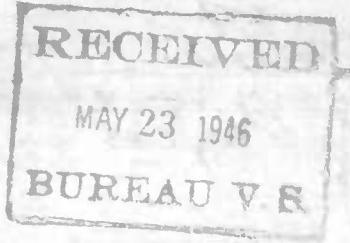
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

## 23. SIGNATURE

Bernard Thomas Jr.  
M. D. or other  
Frederick, Md. Date signed May 20, 1946



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

04858

## CERTIFICATE OF DEATH

Reg. Dlat. No. 141

## 1. PLACE OF DEATH:

County Frederick

City or town Brunswick

(If outside city or town limits, write RURAL and give nearest town)

25 Years

How long in above place of death?

Hospital, Institution, or street address where death occurred:

311 Maple Avenue

How long in hospital or institution?

## 3. (a) FULL NAME

BERTHA MINNIE ELLEN WATTS

4. Sex      5. Color or race      6.(a) Single, married, widowed, or divorced

F

W

M

6.(b) Name of husband or wife John T. Watts

7. Birth date of deceased (mo., day, yr.) December 17, 1883

6.(c) If alive, give age 63 years

8. AGE:      Years      Months      Days      If less than one day

62      4      28      hrs.      min.

9. Birthplace Keedysville-Washington-Maryland  
(Town, county, and state)

At Home

10. Usual occupation

## 11. Industry or business

William Albright

MOTHER FATHER

12. Name Scotland

13. Birthplace

Mary Young Washington County Maryland

16. Informant John T. Watts

Address 311 Maple Ave., Brunswick, Md.

17. Burial

Date thereof 5/19/46

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory Boonsboro Cemetery

Location Boonsboro, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 5-15-46 Eugenia H. Burke  
(Date rec'd by registrar)

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Brunswick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 311 Maple Avenue

(If rural, give LOCATION)

2.(a) If veteran, name war None

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH May 15th, 1946, at 2:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 13 1946 to May 15 1946  
and that I last saw her alive on May 14 1946

Immediate cause of death

Cerebral hemorrhage

DURATION 2 days 5

Due to Typhus and Acute disease  
disease

3 yrs

Due to

Other conditions Coronary disease

3 mo

(Include pregnancy within 3 months of death)

Major findings of operations

—

Date of op.

Autopsy results

—

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, tell in the following:

Accident, suicide, or homicide

Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

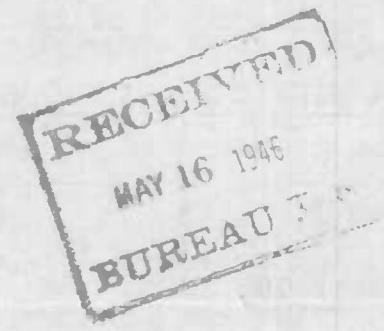
A. Price

M. D.

M. D. or other

Address Jefferson, Maryland

Date signed 5-15-46



Evidence for the change of  
age of deceased is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 10

04859

Reg. Dist. No.

131

Film No. 104 JUN - 6 1946

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(I) MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

County

City or town

Frederick, Maryland

(If outside city or town limits, write RURAL and give nearest town)

Now long in above place of death?

Hospital, institution, or street address where death occurred:

Montgomery Hospital

for days

Now long in hospital or institution?

3. (a) FULL NAME

William Whipple

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male white Widower

6. (b) Name of husband or wife

Marie Cole

7. Birth date of deceased (mo., day, yr.)

Aug 8 - 1895

8. (c) If alive, give age

years

8. AGE:

Years

Months

Days

If less than one day

53

58

9 29 hrs.

min.

9. Birthplace

Montgomery Co. Maryland

(Town, county, and state)

10. Usual occupation

Alcohol - retired

11. Industry or business

Auto Sales

12. Name

Frederick, Md.

13. Birthplace

Montgomery Co. Maryland

14. Maiden name

Alice Webster

15. Birthplace

Montgomery Co. Maryland

16. Informant

Virginia Cole

Address

Frederick, Md.

Burial

Date thereof June 6, 1946

(Burial, cremation, or removal, which)

(month)

(day)

(year)

Cemetery or cemetery

M. E. Cemetery

Location

Clarksburg Md.

18. Funeral director

C. H. Felt & Son

Address

Baltimore Md.

19. 31-May

1946

(Date rec'd by registrar)

Elizabeth G. Heck

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Germantown

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

None

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

May 30, 1946 at 3:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 18, 1946 to May 30, 1946

and that I last saw him alive on May 30, 1946

Immediate cause of death

Rheumatic Cardio-Vascular disease with

Due to Mitral stenosis

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

Bernard Finner Jr. M.D.

M. D. or other

Address Frederick, Md. Date signed May 31, 1946

RECEIVED

JUN 1 1946

BUREAU V 8

Evidence for the change of age of deceased is shown on

Items, Color: Letter from Dr. Mary F. Filial 4-19-48 6154  
MARYLAND STATE DEPARTMENT OF HEALTH  
2411 N. Charles St., Baltimore 17B

04860

131

Reg. Dist. No.

Form No. 104 JUN - 6 1946

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County Fredrick

City or town Fredrick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Fredrick City Hospital

How long in hospital or institution? 4 days

3. (a) FULL NAME

Florence Virginia Wilkerson

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

Colored

widowed

8. (b) Name of husband or wife

William E. Wilkerson

7. Birth date of

deceased (mo., day, yr.)

Dec. 19, 1875

years

8. AGE:

Years

Months

Days

If less than one day

71

5

11

hrs.

min.

9. Birthplace Middleton, Fredrick Co., Md.

(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Joseph Brunner

13. Birthplace Burkittsville, Md.

14. Maiden name Unknown

15. Birthplace

16. Informant Ella Stevenson

Address Washington, D.C.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 5-31-46

(month) (day) (year)

Cemetery or M. E. Cemetery

Location Burkittsville, Md.

18. Funeral director Bladhill Co.

Address Middleton, Md.

19. Date rec'd by registrar May 20, 1946

Elizabeth G. Tuck.

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md

County

Fredrick

City Rural Middleton

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

no

2.(a) If veteran, name war

3. (b) Social Security Number

no

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29, 1946

at 5:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 23, 1946

to May 28, 1946

and that I last saw her alive on May 27, 1946

Immediat cause of death

Peritonitis

Died on

DURATION

5 days

Due to

Rupture Perforation

gall bladder

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J. Z. Harp, M.D.

M. D. or other

Address No. 1315 Main Date signed 5-29-46

RECEIVED

JUN 1 1946

BUREAU V B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 2D

## CERTIFICATE OF DEATH

04861

Reg. Dist. No.

134

1. PLACE OF DEATH:  
County Frederick  
City or town Harney Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 90 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Miss Sarah E. Witherow

3. (b) Social Security Number  
none

4. Sex <u>F</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>Single</u>
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8. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) June 6, 1852

6. (c) If alive, give age..... years

8. AGE: Years <u>93</u>	Months <u>11</u>	Days <u>23</u>	If less than one day hrs. .... min.
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9. Birthplace Md.  
(Town, county, and state)10. Usual occupation Housework

11. Industry or business

12. Name Joseph W. Witherow13. Birthplace Pa14. Maiden name Lydia Ann Ridinger15. Birthplace Md16. Informant Flem HoffmanAddress Taneytown R.D.17. Burial Burial Date thereof June 2, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Harney LutheranLocation Harney, Md.18. Funeral director C.O. FUSS & SONAddress Md.19. May 31, 1946 (Date rec'd by registrar)2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)State Maryland County Frederick  
City or town Harney Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## MEDICAL CERTIFICATION

20. DATE OF DEATH May 29, 1946 at 2 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 1, 1946 to May 29, 1946and that I last saw her alive on May 21, 1946.Immediate cause of death arteriosclerotic cardiovascular disease -Duration several yearsDue to SenilityDue to Other conditions 

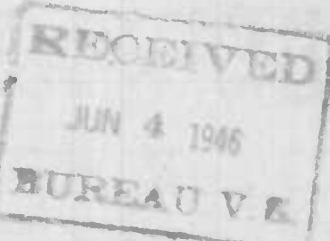
(Include pregnancy within 8 months of death)

Major findings of operations  Date of op. Autopsy results 

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide  Date of Where did injury occur?  (City or town)  (County)  (State)Injured at home, farm, industry, public place (where?) Means of Injury  Injured at work? 23. SIGNATURE J.W. Cade M.D. M. D. or other Address Harney, Md. Date signed May 31, 1946



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1640

04862

## CERTIFICATE OF DEATH

Reg. Dist. No. 140

## 1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

18 mos.

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male White Widowed

8.(b) Name of husband or wife

Mary E. Wright

7. Birth date of deceased (mo. day, yr.)

April 15 1870

6.(c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

76 1 15 hrs. min.

9. Birthplace Middletown, Fred. Co., MD  
(Town, county, and state)

10. Usual occupation Day Laborer

## 11. Industry or business

12. Name Arthur Wright

13. Birthplace Baltimore, MD

14. Maiden name Unknown

15. Birthplace

Roy Wright

Address Ladiesburg, MD

17. Burial Date thereof 5-30-46  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Matherne Cemetery

Location Middletown, MD

18. Funeral director Credhill C.

Address Middletown, MD

19. May 30, 1946  
(Date rec'd by registrar)Signature L. E. Spence  
Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD

County Frederick

City or town Rural Middletown

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1946 at 1030 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him dead May 28 1946

Immediate cause of death

asphyxiation

Due to Hanging

Due to Suicide

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide S. W. Lindle Date of May 28, 46

Where did injury occur? Matherne Cemetery, Frederick, MD (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Home - Barn

Means of injury Hanging by neck Injured at work

P. W. Barr Deputy Marshal

M. D. or other

Address Frederick, MD Date signed May 28, 46



22